

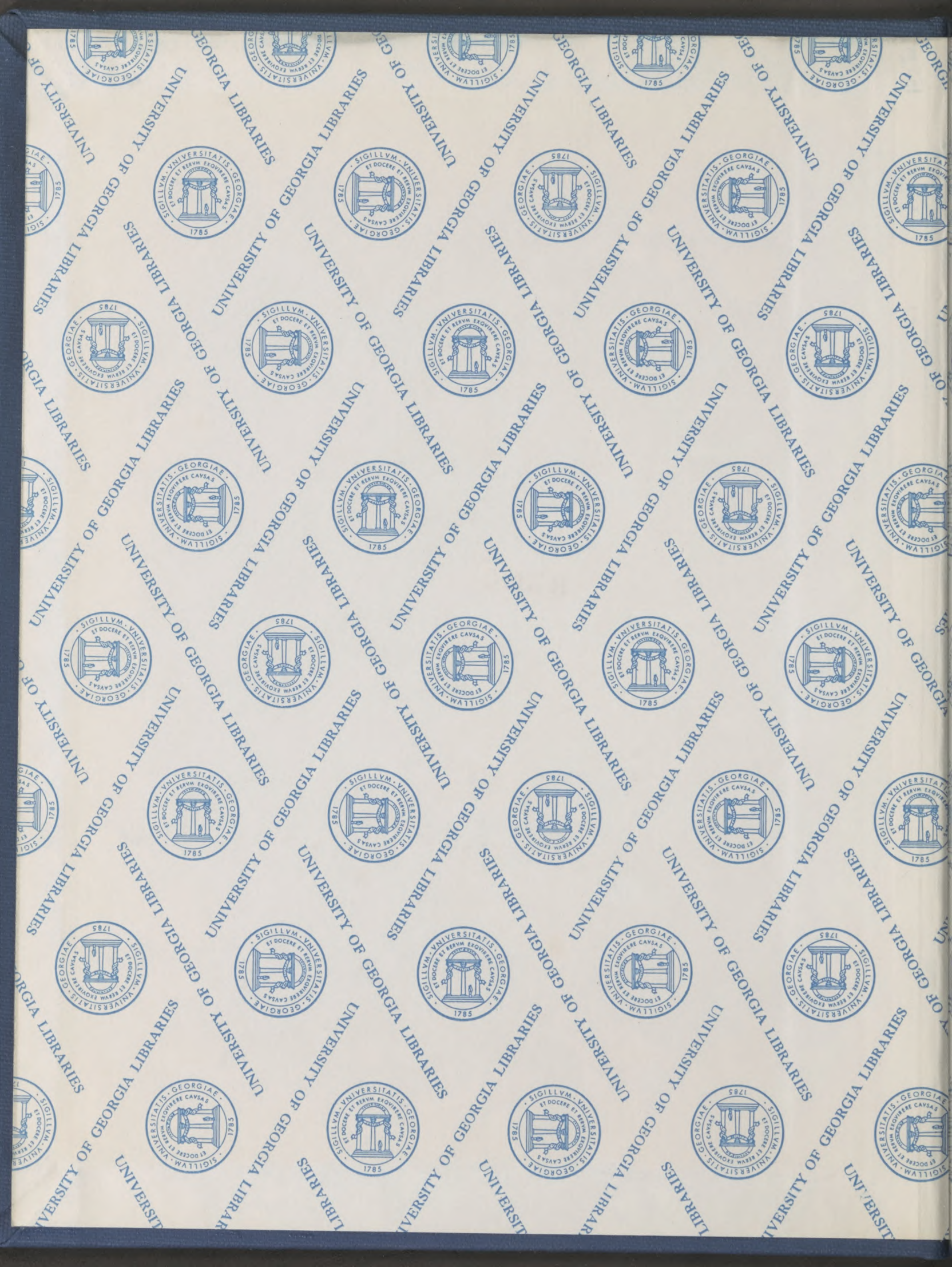
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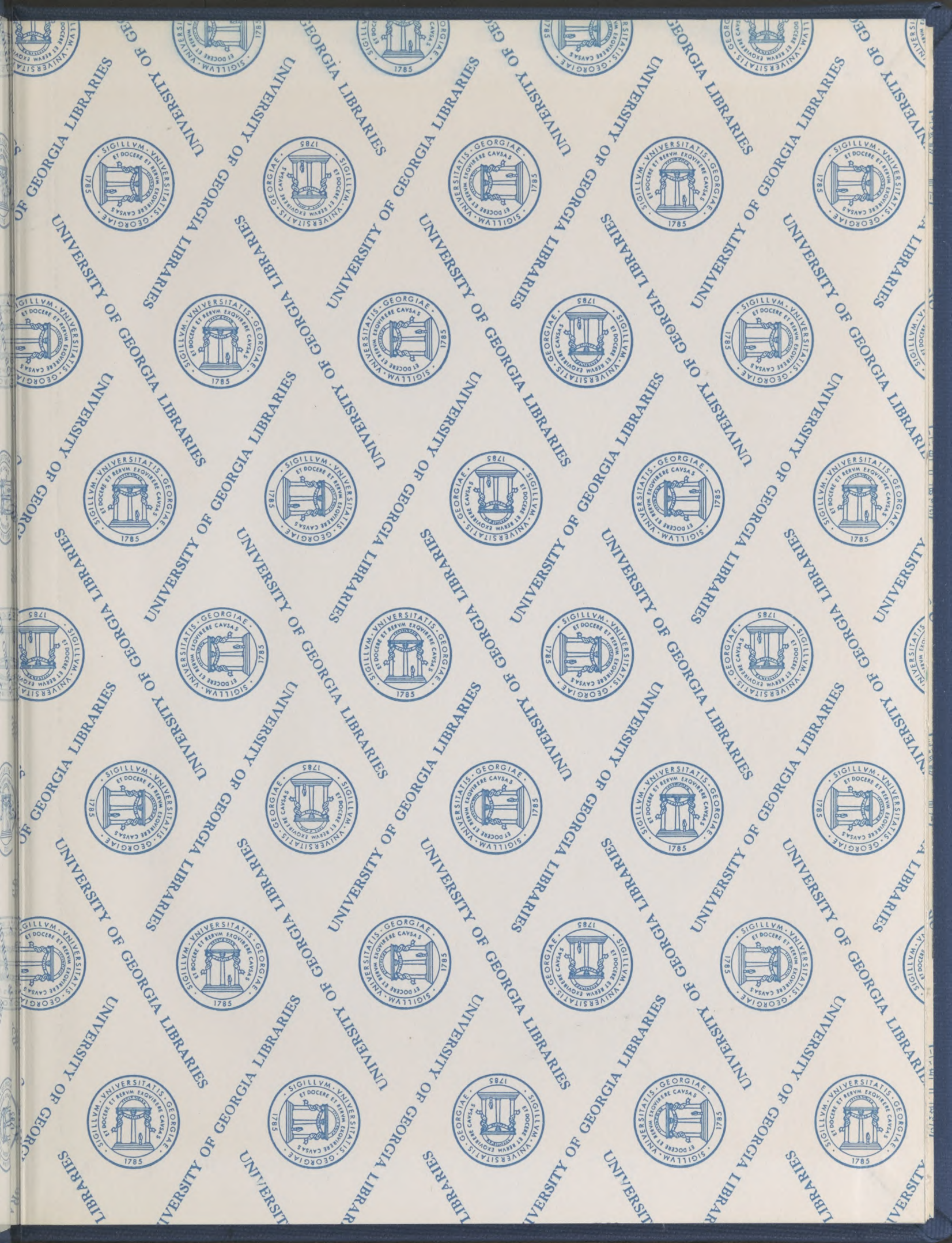
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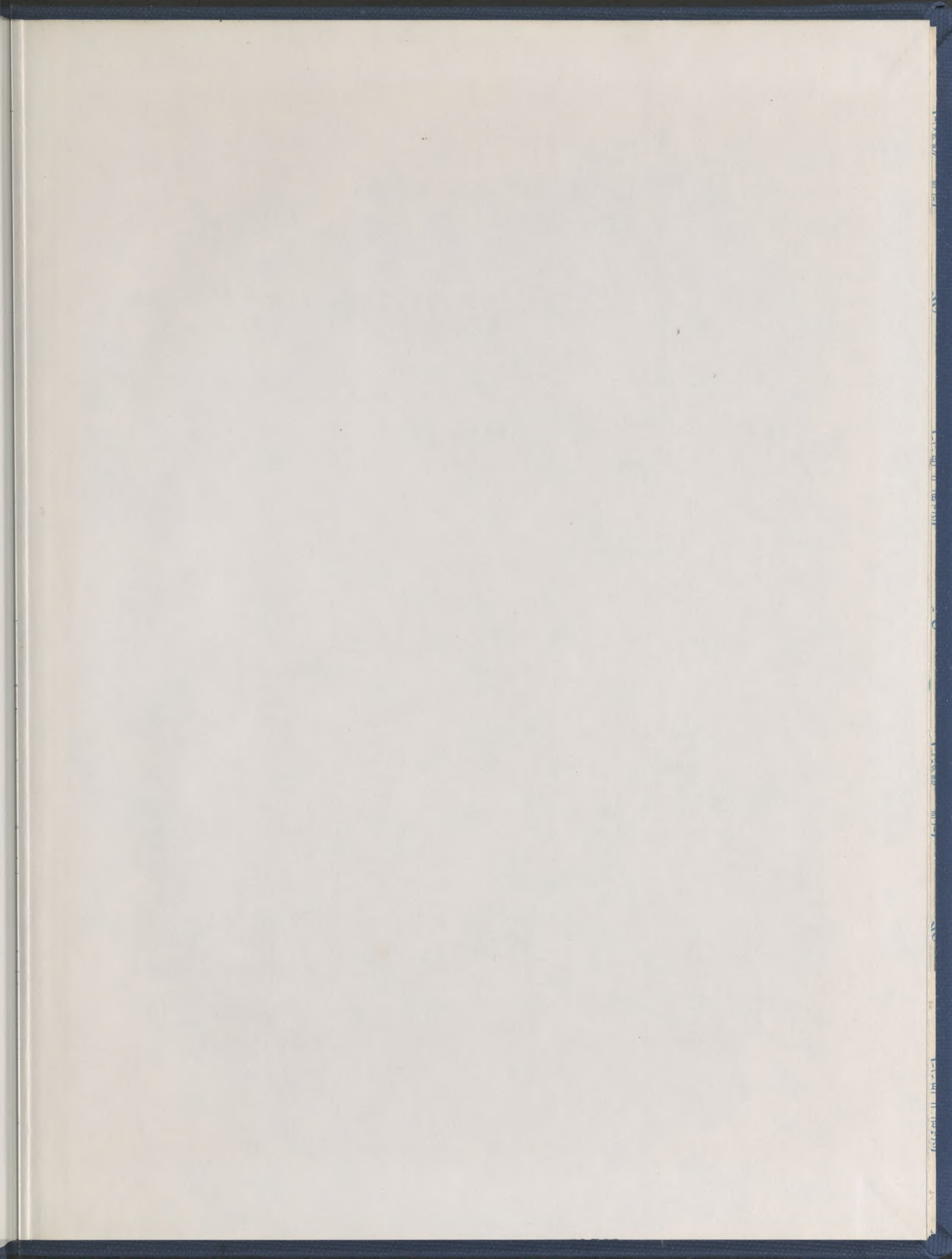














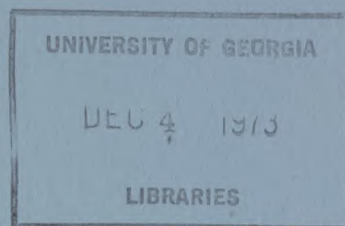






department of public health  
central state hospital

# ANNUAL REPORT



# AND YEAR BOOK



milledgeville - 1972







COVER PHOTO

*The new Richard B. Russell Building to be opened soon will provide 132 beds in a skilled nursing home as an addition to the treatment program for Georgia Veterans at Central State.*



## DIRECTORY

Honorable Jimmy Carter  
Governor, State of Georgia

MEMBERS OF THE  
GEORGIA STATE BOARD OF HEALTH

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Director, Division of Mental Health

Charles K. Bush, M.D.  
Director, Hospital Services Branch

James B. Craig, M.D.  
Superintendent, Central State Hospital



## TABLE OF CONTENTS

	PAGE
GENERAL INFORMATION	1 - 7
HISTORY OF CENTRAL STATE HOSPITAL	8 - 16
OFFICE OF THE SUPERINTENDENT	17 - 20
ADMINISTRATION	21 - 26
CLINICAL SERVICES	27 - 34
PHYSICAL HEALTH	35 - 38
EDUCATION, TRAINING, RESEARCH	39 - 44
APPENDIX	45 - 65



July 1, 1972

Dr. Charles K. Bush  
Deputy Director  
Division of Mental Health  
Georgia Department of Human Resources  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

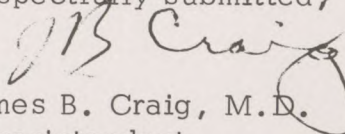
Dear Doctor Bush:

We present herewith the Annual Report and Yearbook of Central State Hospital covering the fiscal year ending June 30, 1972.

Since the reorganization of state government creating the Department of Human Resources occurred, on a temporary basis, in April of this year and will, no doubt, materially change the present organization plan of this hospital, we asked the Assistant Superintendents to condense the various reports from their divisions but at the same time to retain all evidence of significant progress. We think they have done this rather well.

We wish to express our gratitude to you and the staff of the Division of Mental Health for benevolent supervision, the ready availability of advice and counsel when needed, and understanding of and support for our treatment programs. We look forward to continued association in the years ahead.

Respectfully submitted,

  
James B. Craig, M.D.  
Superintendent



## GEORGIANS SERVED

On Books July 1, 1972 .....	16,522
Resident in Hospital .....	7,118
On Convalescent Leave .....	9,404
Admissions:	
Total Admissions .....	8,014
First Admissions .....	5,172
Readmissions .....	2,842
Average Daily Resident Population .....	7,714
Decrease Over 1971 .....	327
Discharged Direct from Hospital .....	2,272
Patients Placed on Convalescent Leave .....	9,767
Transferred Out .....	680
Deaths .....	709

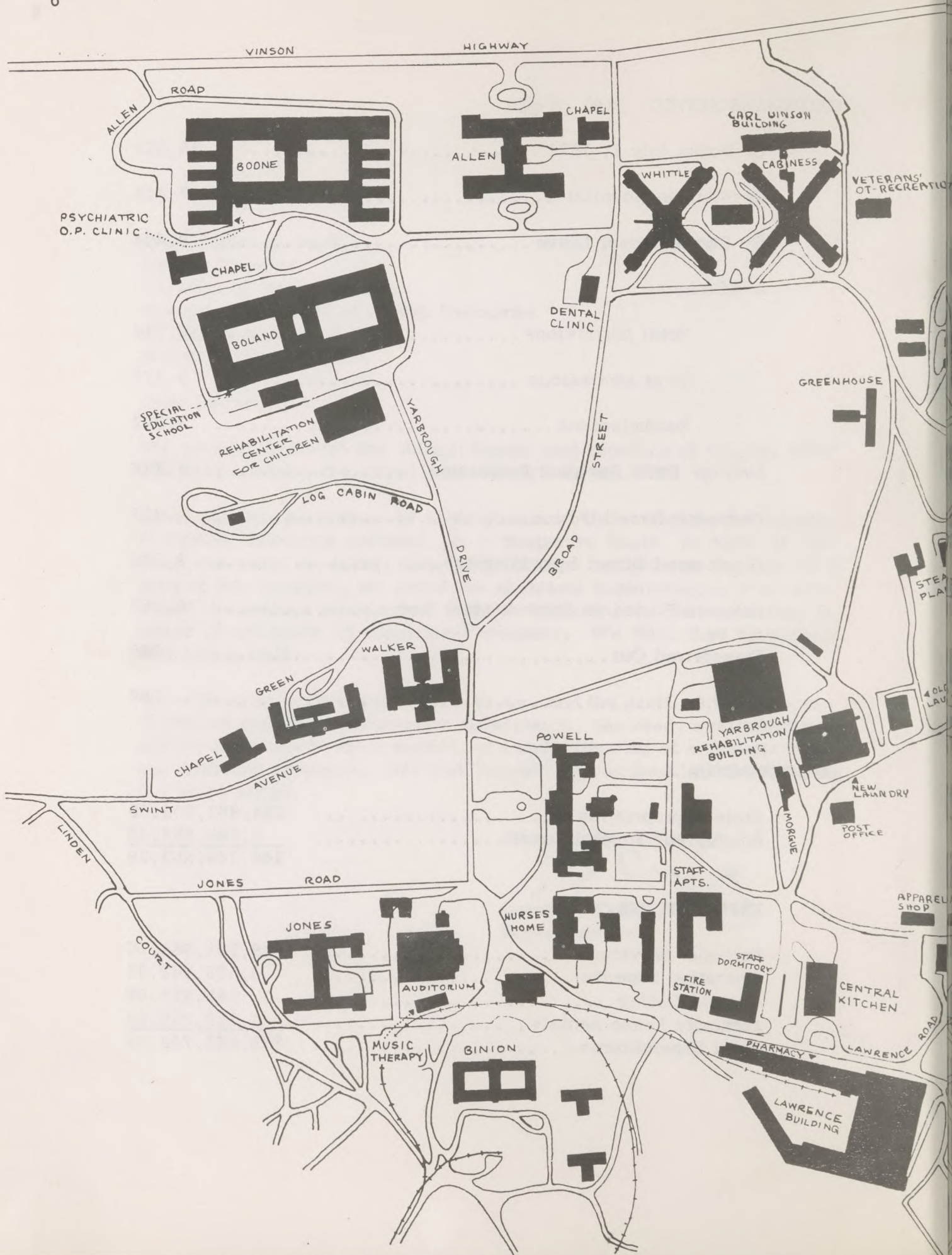
## BUDGET ACTUALS

State Appropriations .....	\$34,863,909.00
Agency and Federal Funds .....	5,285,954.39
	<u>\$40,149,863.39</u>

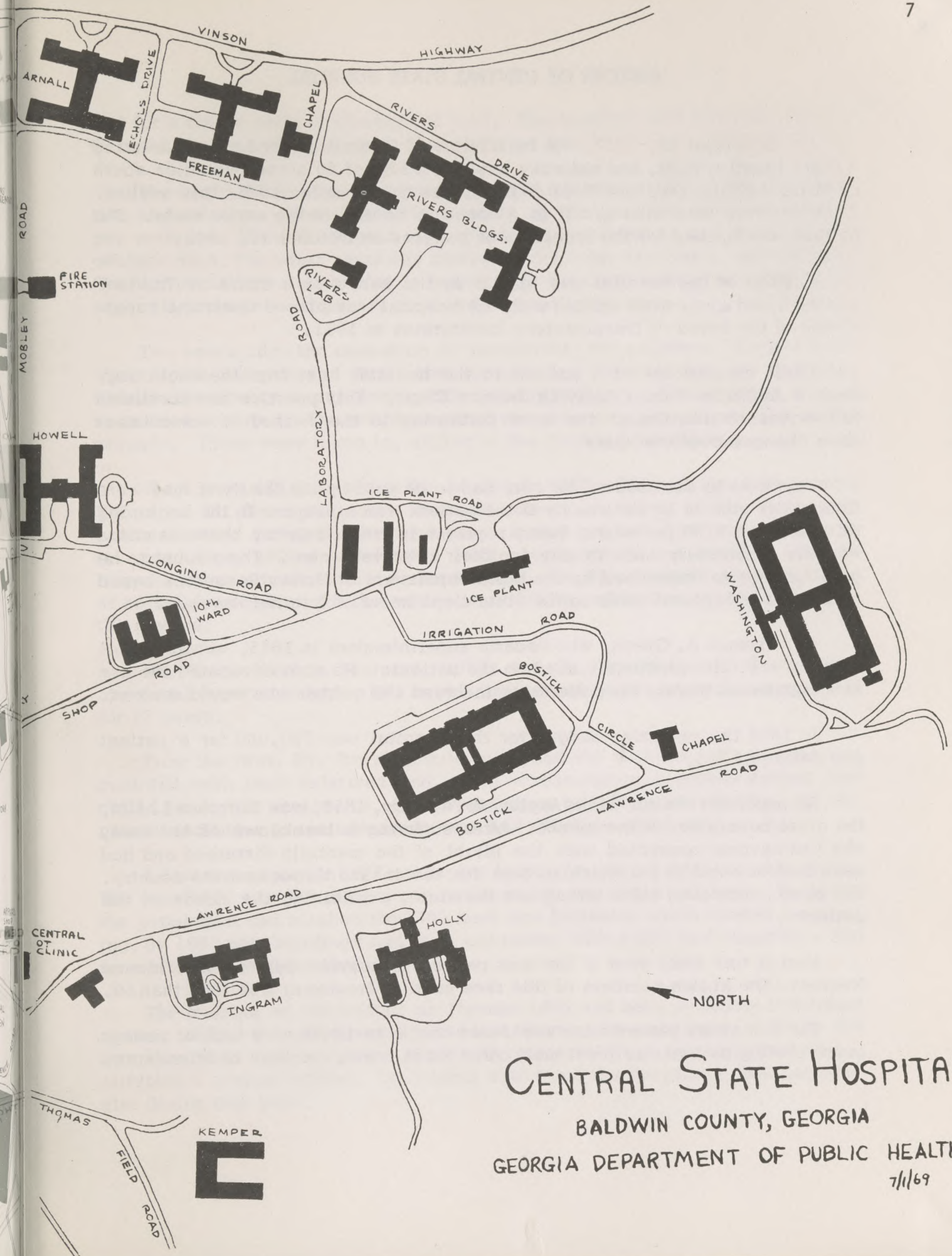
## EXPENDITURES

Personal Services .....	\$29,391,064.26
Operating Expense .....	8,575,969.92
Capital Outlay .....	545,978.68
Authority Lease Rentals .....	1,332,750.00
Total Expenditures .....	<u>\$39,845,762.86</u>









CENTRAL STATE HOSPITAL  
BALDWIN COUNTY, GEORGIA  
GEORGIA DEPARTMENT OF PUBLIC HEALTH  
7/1/69



## HISTORY OF CENTRAL STATE HOSPITAL

On December 28, 1837, the legislature of Georgia passed an act creating a state lunatic, idiot, and epilepsy asylum. A site of 40 acres two miles south of Milledgeville, then the State Capitol, was finally selected for this asylum. Consideration was also given to a location central to the entire state. The Asylum was opened for the reception of patients on October 12, 1842.

Control of the hospital was placed in the hands of a Board of Trustees and remained under their control until the hospital was placed under the supervision of the Board of Eleemosynary Institutions in 1931.

Civil commitment of a patient to the hospital has, from the beginning, been a function of the County Ordinary's Court. This practice has continued to the present time though the laws pertaining to the method of commitment have changed over the years.

Payments to the hospital for care had to be paid by the family if they were financially able or by the county if the patient was a pauper. In the beginning this sum was \$100 per year. Today payment is made only by those families who are financially able to pay for their relatives' care. The amount to be paid for care is determined by the State Department of Human Resources based on income tax returns made to the State Department of Internal Revenue.

Dr. Thomas A. Green, who became superintendent in 1845, abolished all forms of restraint previously used on the patients. He also advocated the use of occupational therapy for patients to increase the number who would recover.

In 1855 the operating budget for the hospital was \$30,000 for a patient population of 200.

An important visitor to the Asylum in February, 1858, was Dorothea L. Dix, the great benefactor of the insane. After suffering a breakdown of her own, she had become concerned with the plight of the mentally disturbed and had been instrumental in establishing care for the insane throughout the country. She gave successful talks throughout the state, publicizing the needs of the patients.

During this same year a law was passed to provide care for the insane Negroes. The known members of this race needing treatment was less than 50.

The war years placed many pressures on the institution - a lack of money, overcrowding by patients previously cared for at home, shortage of attendants,



and for a time a serious shortage of food. The hospital was left untouched by General Sherman on his famous "March to the Sea."

The year 1866 saw the state providing the hospital with \$40,000 for operation and salaries. There were 366 patients in the hospital, 20 percent being pay patients. About 10 percent were discharged as restored and an equal percentage died. The latter group was composed of idiots, epileptics, and seniles. The high mortality rate was due in large part to the continuing practice of waiting until patients were almost dead before committing them.

Two years after the cessation of hostilities, the problems of the Asylum were of the old pattern. Again the hospital had no room for new patients. Finally the county courts were notified that patients could be taken only as vacancies occurred. The result was that patients were brought and left on the grounds. These were taken in, adding to the crowded conditions.

There were 431 patients in the Asylum in 1867. Thirty-four of these were Negroes. Dr. Green claimed a restored rate of 30 percent of the new acute cases admitted during the previous year. It was not based on the total hospital population, 300 of which were idiots, epileptics, and seniles. The 34 Negroes were virtually idiots and epileptics. Dr. Green continued to agitate, as he had done before, for the exclusion of idiots, epileptics, and seniles from the Asylum.

Dr. Green died in February, 1879, and Dr. Theophilus O. Powell was appointed Superintendent. Dr. Powell had served as Assistant Superintendent for 17 years.

From the first, Dr. Powell regularly visited the patients. He became acquainted with their relatives and, when a restored or improved patient was called for by his people, Dr. Powell was there to talk to the family. He expanded facilities to include amusement and religious services.

A law was passed in 1877 making the Asylum free to all citizens of Georgia. The year 1881 saw the patient population reach the thousand mark. By 1890, the population had reached the 1500 mark and facilities again needed increasing. By 1895 new buildings had been completed with a 900 bed capacity - 500 for whites and 400 for Negroes.

The training of attendants up through 1895 had been a highly individual matter. Other than this, each attendant learned by experience. Since the attendant staff now numbered about 150, their training was formalized by instituting a special school. Dr. Powell also hired the hospital's first pathologist during this year.



Dr. T. E. Oerlel, the pathologist, made an alarming report in 1896 regarding tuberculosis among the Negroes. He found that half of those who had expired had died of tuberculosis. He immediately made provision for segregation, disinfection, exercising of patients, microscopic analysis of sputum and other accepted medical practices of the time.

At the turn of the century, the hospital had expanded surgical and dental care. The patient population had grown to 2,000 with annual admissions averaging about 600. The number of discharges for any cause was close to 200, mostly restored patients. The annual appropriation was somewhat over a quarter of a million dollars with 350 employees.

Due to the death of Dr. Powell in 1907, Dr. L. M. Jones, who had been assistant physician for 24 years, was named Superintendent. At the close of 1907, there were 3,148 patients in the hospital.

The year 1910 showed 12 physicians serving 3,347 patients. Under the new clinical director, Dr. E. M. Green, an increased effort was made to obtain an accurate diagnosis on new admissions. The patients were presented to the staff for a diagnosis and if there was any question concerning that diagnosis, the patient was presented a second or third time as necessary. The nomenclature of psychoses had been standardized by now in accordance with accepted practice elsewhere. In 1910 a report was made to the Governor with an extensive description of the diagnoses and the number of patients receiving the diagnoses.

The classification worked like clockwork, but there still remained the problem of what to do with the patient. Some staff members felt that Dr. Jones was too interested in the efficient operation of the farm to concern himself with the fundamental problem of care of the patient.

The first mention of the need for social workers appears in the annual report of 1913:

This work would contemplate the appointment of one or more persons in each county of the state who in return for some minimal compensation would look after the discharged patients on their return home, seeing that homes are had for them and that the inmates thereof are instructed as to their proper care, aiding them in securing employment and endeavoring in every possible way to protect them from the strains of life until their mental sinews regain strength. Only those engaged in work with the insane realize the hardships undergone by many a discharged patient who is without home,



loved ones, means of employment, hardships doubly severe when the patient chances to be a woman. It is small wonder so large a proportion of discharged cases eventually find their way back to the sanitarium again, the record being about three-fifths.

In 1916, Dr. Richard H. Hutchings, a distinguished native Georgian and Medical Superintendent of the St. Lawrence State Hospital in New York, made a study of the care and treatment of the insane in Georgia. Dr. Hutchings had previously visited the hospital when Dr. Powell was superintendent, but no evidence of any formal report could be found. He made a report of his many observations and findings in regard to the treatment and care of those in the hospital.

World War I, with its demands for medical personnel and soldiers, left the institution a strictly custodial hospital. An important trend was the death rate. Out of an average of 4,000 patients, there were about 600 deaths per year.

In 1921, Governor Hardwick commissioned Dr. Hutchings to make a second study to ascertain needs of the institution and the best means of meeting them. At this time, the sanitarium was still administered by a Board of Trustees appointed by and responsible to the Governor. The staff was comprised of the medical superintendent, eleven physicians, a steward, chief engineer, and other employees, totaling almost 700 for a patient population of about 4,300. The number of patients admitted was slightly over 1,200. About 450 were discharged and about an equal number died.

As a result of Dr. Hutchings' report in 1916, a number of improvements were evident by 1921. Seclusion of Negroes had been discontinued and their housing had been greatly improved. Hydrotherapy units were in operation in the reception wards. Occupational therapy for women had been instituted. A school for the feeble-minded had been established at Gracewood near Augusta.

Dr. R. C. Swint was appointed Superintendent after the death of Dr. Jones in 1922. Dr. Swint had served the hospital 22 years as a physician.

The name of the Georgia State Sanitarium was changed to Milledgeville State Hospital in 1929. It crystallized the change in professional and public thinking that the insane were sick people. Now the institution had a medical superintendent, a clinical director, and 11 physicians, 3 interns, a pharmacist, a superintendent of a staff of 13 graduate nurses, several hundred attendants, a sanitation officer, 21 occupational therapists, and a social worker.



The hospital was one of the largest in the world. The patient population had increased to about 6,000 with a waiting list of 1,500. Annual cost for care per patient was about \$200.

The population of the hospital was over 8,000 in 1937. The hospital was a "city" of some size. The attendants alone were so numerous that they held the political fate of Baldwin County in their hands.

In 1938, the era of shock treatment was ushered into use. The metrazol and insulin shock treatment program was greatly expanded in 1939. More than 400 schizophrenic and manic-depressive patients were treated. About half of these patients were able to go home as restored or improved. The rest showed no improvement.

A large building program was completed in 1940 with the help of federal funds. The tuberculosis hospital was the finest in the world. With the news of the completion of these buildings, there was a flood of new applications for admission and the population increased to over 9,000 patients. War and preparations for war prevented the staffing of the new buildings and others left to assist in various jobs in the war.

The physician problem was acute in 1942 with 15 staff members for 10,000 patients. The average age of the physicians was 52. This produced an unhealthy situation. The matter of who would receive shock treatment on the various wards was largely based on the reports of nurses and attendants.

Dr. Y. H. Yarbrough, who had been with the hospital as a physician for 40 years, was appointed Superintendent in 1944. He inherited the conditions resulting from limited staff. There was newspaper publicity on the conditions at the hospital, which resulted in a legislative investigation.

Governor Ellis Arnall and the Public Welfare Director, A. J. Hartley, encouraged public efforts to remedy the conditions. In 1945, the state requested U. S. Public Health Service to make an impartial investigation and recommendations for improvement of the hospital.

While the investigation was being made, interest in the improvement of the hospital was high. One newspaper article pointed out the case load of the hospital physicians, which was almost twice that of other southern institutions. Also pointed out was the fact that problems of the hospital were greatly aggravated by failure to operate it according to law. This referred specifically to the political pressure placed on the staff to care for those physically sick and aged.



The U. S. Public Health report with its findings and recommendations was completed in 1945. This report was lengthy and covered every area of the hospital as compared to American Psychiatric Association standards. Dr. Yarbrough attempted to follow these for some improvements in the hospital's treatment program.

Although Dr. Yarbrough stated that cooperation from state officials was the best since the time of Dr. Powell, he continued to be subjected to political pressures of every type. Too, his frankness was often misunderstood. When it was clear that he would not allow political control of the hospital, the "heat was on" and it stayed. On December 15, 1948, the long-suffering Superintendent asked to be relieved of his duties and Dr. T. G. Peacock was elected to take this position.

At the mid-century mark, the hospital population was 10,003. It was now the second largest hospital (mental) in the world. It admitted 2,623 patients during the year and furloughed 2,455.

Two serious deficiencies of the hospital were the absence of a strong and well-staffed social service department and psychological services. Shortly, Dr. Peter G. Cranford was employed as the first clinical psychologist.

In January, 1952, the General Assembly passed a much needed act providing for the voluntary admission of patients on certificate of a physician. The patient must agree to pay \$50 per month for maintenance.

The Social Service Department did excellent work during this time with limited facilities. The staff consisted of a chief medical social worker and an assistant. Their work included case histories and corresponding with patients' families.

The State Hospital was transferred from the State Department of Welfare to the Georgia Department of Public Health by Governor Ernest Vandiver on April 24, 1959. The sprawling hospital has gone through periodic investigations throughout its 130 year history, each having led to public indignation and loud cries for overnight reforms.

An investigation in 1959 occurred as the result of a series of newspaper articles exposing the shocking conditions at the hospital. Governor Vandiver, acting promptly and forcefully, asked the Medical Association of Georgia to investigate the situation and to make recommendations. A committee headed by a prominent Georgia physician made a thorough investigation which resulted in numerous recommendations. The Health Department took immediate steps to implement these recommendations as far as possible.



Dr. Irville H. MacKinnon, a Diplomate of the American Board of Psychiatry and Neurology, was secured as Superintendent. Studies were made of internal operating procedures and more effective, efficient methods were developed. A more humane commitment law was passed by the 1960 General Assembly and procedures established for its use in the Courts of Ordinary. An intensive recruitment program for all types of mental health personnel was begun.

For the first time in the history of the hospital, a well qualified Director of Social Service was employed. This appointment was followed by the employment of other trained personnel in social work as well as a training program for social workers.

In March, 1966, Dr. James B. Craig was appointed Acting Superintendent and later in the year became Superintendent. The average daily patient population during that year was 11,440 patients. The employee force at the end of 1966 numbered 3,053. The hospital now had a three-year residency program in psychiatry with a total of 30 physicians in residence at any one time, and professional accreditation of the Departments of Psychology, Social Work, Music Therapy, Occupational Therapy, Recreation Therapy, and Clinical Chaplaincy. A unique Vocational Rehabilitation program unlike that of any other state hospital in the country had been developed and was materially reducing the return rate of discharged patients. The hospital could also boast of a new treatment building for emotionally disturbed children 14 years of age and under, a complete academic program for elementary, high school and adult education, a new central kitchen which could feed the entire hospital, and 5 new chapels built at a cost of \$850,000 provided by the people of Georgia at no cost to the state.

The hospital also had a Remotivation program designed to furnish psychiatric aides with modern methods and techniques in treating chronic patients. As a result of the effectiveness of this program, the hospital received recognition by the American Psychiatric Association and was appointed a regional center for Remotivation for hospitals in the five state area surrounding Georgia.

The increase in admissions of patients 18 years of age and under resulted in the opening of specialized wards for adolescents in 1969. That same year a new occupational therapy building was completed and the latest therapy techniques instituted. Preliminary plans were also drawn for a new \$6.8 million medical-surgical hospital.

In July, 1962, the hospital was organized into a system of units, each of which functioned as a small hospital within the large institution. Further reorganization in November, 1971, resulted in the establishment of the Freeman Building as a regional hospital to serve Central Georgia residents.



Admission to a general psychiatric unit is determined by the patient's county of residence. The name of the unit indicates the area of the state served. The units and the number of counties in their catchment area are: Metro Atlanta - 7; South Georgia - 77; North Georgia - 52; Central Georgia - 23. In addition, the hospital also operates units for veterans, patients in need of maximum security, children and adolescents, the mentally retarded, a vocational rehabilitation center, a general medical and surgical hospital, and a hospital for tubercular, diabetic and Medicare patients.

The massive institution has its own fire department, security force, recreation facilities including a gymnasium-auditorium, tennis courts, baseball park, warehouses, maintenance shops, lumberyard, patient-operated stores, laundry, steam plant, cemeteries and bus service. Over 33,000 meals a day are prepared in the hospital's Central Kitchen, the world's largest kitchen of its kind.

On June 30, 1972, the budgeted employee work force numbered 4,245, including 96 physicians, 7 dentists, 107 nurses, 2,421 semi-professional and technical personnel, 17 psychologists, 23 MSW social workers, with the remainder of the force being categorized as follows: clinical chaplains, music therapists, recreation therapists, occupational therapists, administrative personnel, vocational rehabilitation counselors, evaluators, and supervisors, and a large number of employees in business, engineering, maintenance, and clerical vocations.

Approximately 260 residents of the hospital 18 years of age and under attend the School of Special Education which is divided into two sections - classes for the emotionally disturbed and classes for the mentally retarded. The school is served by 27 teachers, 6 aides, a principal and an assistant principal.

Since its opening date, the hospital had undergone three name changes, the last being incurred in May, 1967. The name change followed passage by the 1967 General Assembly of a bill introduced by Baldwin County legislators and signed into law by Governor Lester Maddox in April.

Central State Hospital is situated on a 1,000 acre campus dotted by some 135 buildings, 24 of which are resident quarters for patients.



- 1841 State Lunatic Asylum at Midway
- 1897 Georgia State Sanitarium
- 1929 Milledgeville State Hospital
- 1967 Central State Hospital
- 
- 1841 Board of Trustees (3) appointed by the Governor.
- 1919 Hospital placed under "Board of Public Welfare" for "visitation purposes" only.
- 1931 Board of Public Welfare abolished.  
Board of Trustees abolished.  
Hospital placed under newly created Board of Control of Eleemosynary Institutions.
- 1937 Abolishment of Board of Control of Eleemosynary Institutions. Hospital transferred to Department of Public Welfare.
- 1959 Hospital transferred to Department of Public Health
- 1972 Hospital placed under the newly created Department of Human Resources.



## THE SUPERINTENDENT



**JAMES B. CRAIG, M.D.**



## OFFICE OF THE SUPERINTENDENT

James B. Craig, M.D., Superintendent

John J. Schuyler, LL.B., Executive Assistant

John R. Cline, Administrative Officer

Raymond D. Brown, Director, Public Information

James R. Emerson, Director, Staff Housing

Barbara Farmer, Supervisor, Medical Staff Secretariat

Superintendent's Secretarial Staff

Katherine Batchelor, Administrative Aide

Mary McCrary, Secretary

## ADMINISTRATIVE STAFF

ASSISTANT SUPERINTENDENT  
ADMINISTRATIVE

Rod Clelland, B.A., M.A.

ASSISTANT SUPERINTENDENT  
PHYSICAL HEALTH

William R. Howard, M.D.

CLINICAL DIRECTOR-PSYCHIATRY  
GENERAL PSYCHIATRIC UNITS

W. T. Smith, M.D.

ASSISTANT SUPERINTENDENT  
EDUCATION, TRAINING AND  
RESEARCH

John W. Kemble, M.D.

ASSISTANT SUPERINTENDENT  
CLINICAL

Michael L. Sheppeck, M.D.

CLINICAL DIRECTOR-PSYCHIATRY  
SPECIAL PSYCHIATRIC UNITS

E. F. Stincer, M.D.



## OFFICE OF THE SUPERINTENDENT

The Superintendent's office includes his clerical staff and the staff assistants directly responsible to him through the Executive Assistant. These are Staff Housing, Public Information and Education, the Medical Staff Secretary and the Hospital Receptionist.

### STAFF HOUSING

The Division is responsible for the renting and maintenance of 95 houses, 39 apartments and 102 dormitory rooms. During the year 449 maintenance work requests were referred to the Engineering Division for overall repairs to vacant housing and general repairs to rented housing. The exteriors of 26 housing units were painted during this period.

Eight requests were received for private residences and 17 vacancies occurred during the year. In all, 16 assignments were made. Requests for apartments totaled 17, with 22 vacancies occurring, making it possible to assign 25 families and individuals. A total of 82 assignments were made in the Staff Dormitory, 51 to males and 31 to females.

### PUBLIC INFORMATION AND EDUCATION

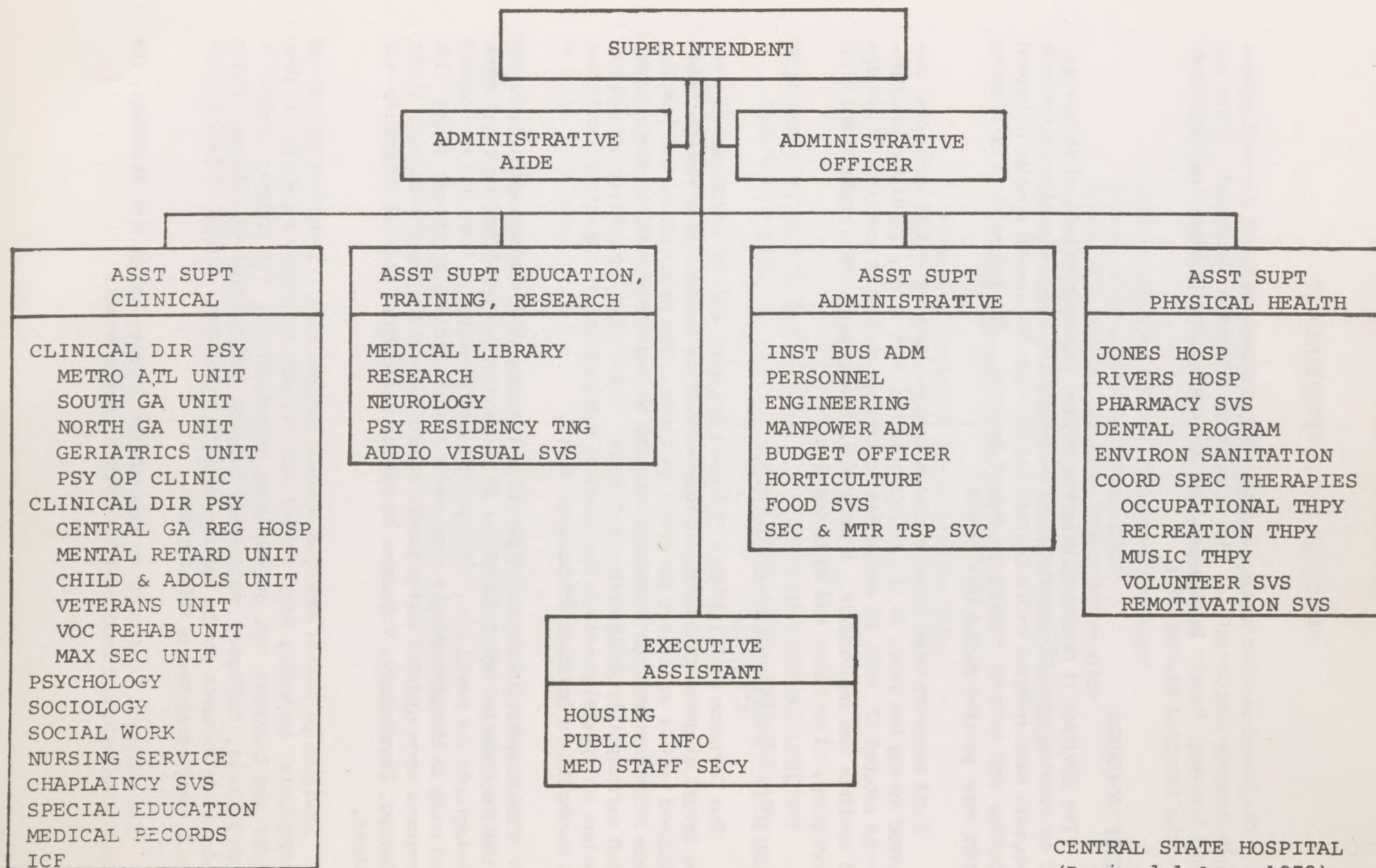
The Division staff initiated 104 news releases and an additional 26 were the result of requests from media representatives for special coverage. Specialized outlets accounted for seven of these. The programs of the hospital were widely covered on television with the Superintendent and members of his staff participating in interview sessions. Television news coverage was excellent on special events in the areas of reorganization, the circus, activities at the Special Education School and others.

The hospital photographer provided hospital departments with black and white photographs and color slides as requested and provided black and white photographs for media use. Almost all hospital programs were widely covered and many of the photographs made were used in therapy programs. Color slide programs were updated and requests were filled for the Superintendent, Music Therapy, Psychology, Volunteer Services, Recreation, Special Education and others.

Division personnel arranged seminar programs for 111 visiting groups and individuals, including high school and college students, members of civic clubs and business and professional organizations. The director visited 87 high schools, colleges, vocational schools and schools of nursing, giving color slide lectures on the various hospital programs. A total of 5117 individuals were contacted in this manner.

The Division continued to publish the Annual Report and Yearbook, the Weekly Bulletin and brochures for hospital departments.







INSTITUTIONAL BUSINESS ADMINISTRATION  
PERSONNEL  
ENGINEERING  
MANPOWER ADMINISTRATION  
DATA PROCESSING  
OFFICE OF THE BUDGET  
HORTICULTURE

# ADMINISTRATION

ROD CLELLAND, B.F.A., M.B.A.  
ASSISTANT SUPERINTENDENT  
ADMINISTRATIVE



## ADMINISTRATION

Major emphasis during fiscal year 1972 in the Department of Administration was accorded to hospital reorganization, adjustment to a substantial budget reduction, innovations to improve efficiency, and major building renovations.

Reorganization to conform with the plan for mental health services promulgated by the Department of Public Health was implemented on November 2, 1971. Logistic services were provided for the movement of patients and equipment, and budget and personnel transfers were effected.

Shortly after the beginning of the fiscal year, a forecasted shortage in revenue collections resulted in an order from the Governor that all agency budgets be reduced to avoid deficit spending. Central State Hospital's share of the reduction was \$1,022,000. Reductions in operating expenses and rigid restrictions on hiring resulted in a successful adjustment to this reduction. The situation eased later in the year due to increased Medicaid and Veterans collections, a supplementary appropriation of \$200,000 for the employment of 135 attendants, and federal funds made available through the Emergency Employment Act. By year's end, a modest increase in total employment had resulted.

A review of warehousing operations was completed, resulting in the letting of bids for the purchase and installation of pallet racks and storage bins for the General Warehouse, Clothing Storage, and Engineering Warehouse. A 20 percent increase in storage capacity is anticipated. An inventory system for movable capital equipment was designed and installed and perpetual inventory reporting was modified and improved to reduce stock outages.

A program to provide management training on a continuing basis to all supervisory personnel was initiated in February 1972. A total of 497 individuals had successfully completed the basic course by the end of fiscal 1972.

A linen exchange system was designed and implemented at the laundry and four new washer-extractors were procured and installed. Housekeeping was improved by the installation of structured housekeeping programs in four additional units and by the application of polyurethane sealer to concrete floors in several patient buildings, which reduces odors and improves sanitation, appearance, and ease of cleaning.

Three new computer programs have been designed and implemented to provide management with statistical data on operating costs and utilization of all hospital vehicles. The Computer Assisted Menu Planning program was enhanced and refined and was also made available to eight other state hospitals.



By the end of the fiscal year, four of these institutions were receiving menu planning services from the Central State Hospital Computer Center.

A considerable number of construction and renovation projects were completed during the year, the largest of which was the renovation and air conditioning of the Howell Building and admission wards in the Powell, Binion, and Holly Buildings. Other major projects completed include the renovation of Rivers 5 West for a female alcohol and drug ward; installation of windows and detention screens in Powell 2 West; renovation and division of Boone 10 to provide office space for the Behavior Modification Program; construction of the Colony Farm recreation area; renovation of 16 dining rooms; construction of tennis courts; installation of new water storage tanks for Bostick and Holly Buildings; fencing a playground for retarded children; installation of floor tile in five wards of the Washington Building; painting interior of Boone, Boland, and Howell Buildings; and installation of temporary utilities at the construction site of the new General Medical and Surgical facility.

#### FINANCIAL SUMMARY

##### Final Amended Budget

Personal Services	\$29,725,162.00
Operating Expenses	8,645,508.00
Capital Outlay	550,000.00
Authority Lease Rentals	<u>1,349,000.00</u>
Total	\$40,269,670.00

##### Funds Made Available

State Appropriation	\$34,863,909.00
Patient Payment	1,211,701.38
Veterans Service	1,317,199.00
Medicare-Medicaid	2,230,681.22
Federal Funds	107,694.65
Miscellaneous Income	<u>418,678.34</u>
Total	\$40,149,863.59

##### Actual Expenditures

Personal Services	\$29,391,064.26
Operating Expenses	8,575,969.92
Capital Outlay	545,978.68
Authority Lease Rentals	<u>1,332,750.00</u>
Total	\$39,845,762.86



MISS CENTRAL STATE HOSPITAL OF 1972



SUSIE JONES IS CROWNED BY LAURA WILLIAMSON



## PERSONNEL

The following is a tabulation of personnel actions during the year, exclusive of 281 short-term, emergency appointments and separations.

Appointments		939
Transfers		691
Promotions		375
Demotions		25
Leaves of Absence		241
Returns from Leaves of Absence		195
Miscellaneous		529
Separations		
Resignations	502	
Dismissals	33	
Separations During Working Test	48	
Deaths	24	
Transfers to Other Agencies	85	
Retired	<u>101</u>	793
Rate of Turnover		19%

## PERSONNEL BY TYPE AS OF JUNE 30, 1971, AND JUNE 30, 1972

	<u>1971</u>	<u>1972</u>
Physicians	105	96
Dentists	7	7
Nurses	115	107
Therapists	24	27
Engineers	7	7
Sanitarians	3	3
Physical Scientists	11	11
Nutritionists	3	2
Education and Information Specialists	8	9
Psychologists	15	17
Social Workers	20	23
Other Professions	27	29
Semi-Professional and Technical	2234	2421
Managerial	43	35
Clerical	332	327
Agricultural	22	20
Trades, Crafts, and Mechanical	316	319
Services	441	395
Manual Labor	<u>366</u>	<u>390</u>
Total	4099	4245





*Left to right: CSH Superintendent, Dr. James B. Craig, confers with Human Resources Board Chairman, Jack Watson and Human Resources Department Director, Richard Hardin on how reorganization will affect Central State Hospital*



*Left to right: CSH Assistant Superintendent - Clinical, Dr. Michael Sheppeck talks with Division of Mental Health Director, Gary Miller, M.D., and Dr. Charles K. Bush, DMH Deputy Director on the occasion of Dr. Miller's first visit to Central State Hospital*



PSYCHIATRY  
PSYCHOLOGY  
SPECIAL EDUCATION  
SOCIOLOGY  
SOCIAL WORK  
NURSING SERVICE  
CHAPLAINCY SERVICE  
MEDICAL RECORDS

## CLINICAL SERVICES

MICHAEL L. SHEPPECK, M.D.  
ASSISTANT SUPERINTENDENT  
CLINICAL



## ASSISTANT SUPERINTENDENT, CLINICAL

Mention was made in the 1971 Annual Report of a developing trend wherein average stay per patient was decreasing while admissions and turnover were increasing. This trend continues, perhaps at an accelerated rate, with the increment average at 1000 per fiscal year. The following statistical breakdown comparing fiscal 1971 with 1972 points out this trend.

	<u>June 30, 1971</u>	<u>June 30, 1972</u>
In-house	7,487	7,118
Convalescent leave	9,219	9,404
Average daily population	8,041	7,417
Days' care	2,939,688	2,714,802
Gains	12,027	13,061
Losses	12,991	13,430

Breakdown of Gains

Return from leave	4,313	4,749
Transfers from regional hospitals	193	298
First admissions to C.S.H.	4,766	5,172
Previously admitted to C.S.H.	2,755	2,842

Breakdown of Losses

Direct discharge	2,287	2,272
Discharge from convalescent leave	9,343	9,769
Transfers to regional hospitals	661	680
Deaths	700	709
Discharged from leave	6,037	4,835
Discharged to nursing homes		522

The future missions program was initiated on November 1, 1971. Initially, this program caused some concern among the older employees. Most now agree that we have effected a better balance of specialized care. We need to reduce our patient load within the certified bed capacity as effected for the Mental Retardation, Childrens, Veterans, Adolescent, Psychiatric Medicare, and Intermediate Care Units. The Geriatric Unit still exceeds its certified bed capacity. With greater emphasis on the development of specialized programs for this age group, this objective should be realized during the coming fiscal year. The North Georgia and South Georgia Units carry the greatest patient load of the geographic units. The opening of the regional hospitals serving these areas should relieve this burden.



Computer terminal I.B.M. 2260 was instituted during the past six months, providing faster release information for many health districts. Preparing the data for these releases has created an added work load on all, including the physicians. It is anticipated that the recipients of this information at the community mental health centers will institute prompt follow-up care, maintaining continuity and preventing re-admissions.

#### NEW ADMISSIONS CENTER

The activation of the Admissions, Evaluations and Disposition Center, scheduled for January 1, 1973, should facilitate the care and treatment of patients. This activity is so structured that the service to all admissions will be prompt, dignified and wholesome. For those previously admitted to the geographic units, evaluations will be completed within five days. Those needing definitive treatment will be referred for such intensive care. Others will be promptly released.

#### NURSING

A nursing shortage continues to plague this service. The low salary scale deters satisfactory recruiting and the community does not offer attractions to hold ambitious young adults. To offset this trend, an effort must be directed to continue training psychiatric aides and mental health associates and to expand in-service education in all units. During the past year 99 students were certified as psychiatric aides. Instructor-supervisor clinical psychiatric nursing personnel were placed in all units to meet specific needs of the unit and to increase basic psychiatric nursing skills of all personnel. A staff development program for professional nurses provided enrichment for 104 nurses who attended two one-week workshops. A similar program is planned during the coming year for licensed practical nurses. Nursing, in concert with management, continues to develop an adequate staffing program. In addition, nursing care plans for each patient will progress from the present pilot model to all psychiatric units.

#### PSYCHOLOGY

Behavior therapy continues to be the main effort of psychological services. The impact of this program is best realized in the Children and Adolescent Unit, the Mental Retardation Unit, and certain wards for schizophrenic residents. In the latter, long-term patients are placed in a highly structured and remotivating environment. Results indicate that some patients exhibit fewer maladaptive behaviors while others learn adaptive skills.



A specially appropriated project in the Mental Retardation Unit now provides behavior modification programs in 13 of the total 22 wards. Emphasis is focused on the severely and profoundly retarded group in an effort to teach basic self-help skills such as self-feeding, toileting, bathing, dressing, etc. The program is individualized for the mild and moderately retarded on an "as needed" basis.

Psychology supervises the program for those with multiple handicaps such as blind, deaf and other physically handicapped individuals. This program embodies several specialized disciplines through consulting therapists to assist in rehabilitation. Handicapped individuals learn to function at a level compatible with their ability and physical limitations.

#### SOCIAL WORK

Social Work was routinely involved in all aspects of patient care, not only to specific patients but also to their family and community organizations. In keeping with the interdisciplinary approach, they played a vital role in several special programs, such as alcohol and drug treatment, work placements, the Learning Service Center, Foster Grandparents, Family Care and nursing home care. Social Work has contributed to improved patient care and sees the need for expanding its programs but additional staff must be acquired to move toward achieving this expansion.

#### SPECIAL EDUCATION

The School of Special Education is dedicated to the education of children and youth of average and above average intelligence, the borderline and mildly retarded, and to the training of the severely retarded. All have concomitant emotional problems, to a greater or lesser degree, and cannot otherwise be served with the public school population. Through the interdisciplinary approach with members of the hospital staff, each child's education or training is tailored to meet his academic or remedial needs. During the past year 23 certified staff members provided education and training to an average of 275 residents per month. Programmed for fiscal 1973 is an expansion to 29 staff members to reach some 325 residents per month. A designed school facility is direly needed as the present expedient of utilizing converted wards as classrooms is not conducive to education of the emotionally disturbed.

#### CHAPLAINCY

The Chaplaincy Service has continued its efforts at offering significant pastoral care and evaluation for the patient population while broadening its



base of service by offering an accredited training program for qualified clergy. During the year, the hospital-parish internship in clinical pastoral education became an integral part of the training program. The Chaplaincy staff conducted 67,656 pastoral visits with patients or their families, as well as 3,371 worship services in the chapels or in ward areas. Pastoral counseling in individual and group sessions totaled 6,375. Also, a significant number of religious evaluations were offered treatment teams in various units of the hospital.

#### GENERAL PSYCHIATRIC UNITS

The psychiatric units had functioned as five general and five special units without major change for six and a half years until November 2, 1971. Progressively, plans were made to increase the specialization toward the care of the mentally retarded, veterans, and aged. After four months of this year, functioning pretty much the same as last year, the reorganization was effected. This included reducing the general units to four, creating a geriatric unit, expanding the veterans and mental retardation units, and creating an intermediate care facility in the general psychiatric area.

Some of the basic changes in the general units were: patients 65 years of age and over were sent to the Geriatric Unit, mentally retarded patients to the Mental Retardation Unit, many veterans to the Veterans Unit, and patients belonging in other regional units were sent to those. Balancing of personnel was attempted by sending a proportionate number of personnel with the patients to the respective units.

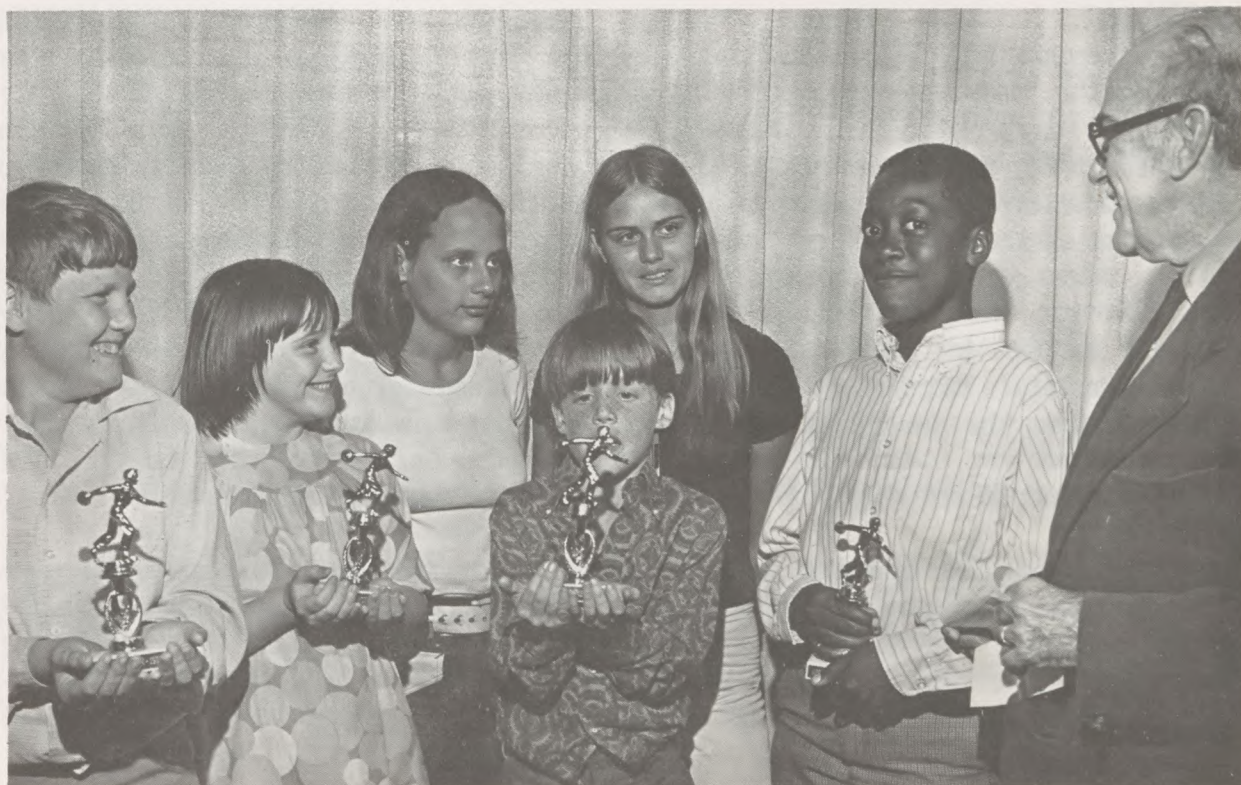
Unit One with about 956 patients from three counties of greater Atlanta became the Metro Atlanta Unit with about 677 patients from six counties. This unit is still operated in the Powell, Green, and Walker Buildings, but the 10th Ward Building was given up to the intermediate care facility (Pecan Manor). Also, extensive remodeling was started in the Powell Building, requiring rearranging of the admission wards. The Metro Atlanta Unit continued with most of the same staff and programs as Unit One had, except two small wards of remotivation were started. The Psychiatric Residency Program still operates largely in the Metro Atlanta area. All the counties in this unit have services of a community clinic and Georgia Regional Hospital at Atlanta treats some patients from the same catchment area which was promoted toward fewer hospitalizations and shorter in-patient stays. At the end of the year, only 71 admissions and 39 returns from convalescent leave were made in a month.

Unit Two was changed from a general unit with about 1200 patients from 45 counties in southwest Georgia to a Geriatric Unit to treat about 1200 patients who are 65 years of age or over, with the whole state as a catchment





THE BOWLING LEAGUES' ELEVEN-WEEK PROGRAM WAS MUCH APPRECIATED





area. Nursing services were expanded and increased nursing care for the elderly has been a prominent feature in this unit. This unit has been sending about 10 to 20 patients each month to nursing homes over the state. The staff has begun planning to adopt more of the attitude therapy approaches. About 50 elderly patients are admitted each month and about 12 to 20 are returned from convalescent leave. The unit is crowded but is treating only about two-thirds of those 65 and older who are currently at the hospital.

Unit Three changed from a unit of about 920 from 38 southeast Georgia counties to the South Georgia Unit of about the same size, receiving patients from 71 counties in the southern and western parts of the state. Generally, the same three buildings are used, except each half of the Howell Building has alternatively been under extensive renovation which is leading to an improved building, including air conditioning throughout. This unit has been helped some by the Georgia Regional Hospital at Savannah and the Southwestern State Hospital at Thomasville and Bainbridge being located in this catchment area. Greater numbers have been transferred to Southwestern State Hospital from this unit than any other. However, the admission rate to this unit has been about 145 admissions and about 110 returns from convalescent leave. The census has been decreased to about 852 by the transfers to the above mentioned hospitals, the placing of about 10 patients per month in nursing homes, and continued efforts toward prompt and active examinations, treatment, and disposition.

Unit Four with about 1236 patients from 28 counties was changed to the North Georgia Unit with about 950 patients from 57 counties from north and northeast Georgia. This unit was moved entirely into the large nine-ward Arnall Building. It is helped some by the Georgia Regional Hospital at Augusta which shares a catchment area of 13 counties. However, this unit still receives the largest number of patients from outside the hospital - up to 171 admissions plus some 95 returns from convalescent leave a month. It continues to operate a large medical treatment ward for the accumulated infirm.

Unit Five with about 800 patients from 45 northeast Georgia counties was transferred to Central Georgia Regional Hospital with about 400 patients from 25 central Georgia counties. It was moved from the Allen and Whittle Buildings to the Freeman Building and placed under the supervision of the clinical director for the special units.

Some of the net changes have been the reduction of the general units to four and the reduction of the number of patients in these units from about 5000 to about 3000. Orientation, coordination, planning, and communication within the units and communication with the various community and other appropriate helping agencies have been active during the eight months since reorganization. Unfortunately, the general units still must receive, examine, and



treat many of the special patients as the special units do not have adequate facilities for all of the retarded children and adolescents, aged, and veterans.

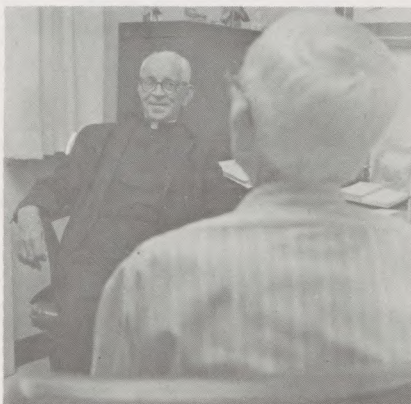
The Psychiatric Outpatient Clinic has continued to see the convalescent leave and recently discharged aftercare patients who do not have appropriate community aftercare facilities. However, this volume has decreased to about 226 visits per month.

### SPECIAL PSYCHIATRIC UNITS

The special units have not had any basic changes in their functions. After the hospital reorganization last November, two of the special units were expanded and the number of in-patients significantly increased.

The Mental Retardation Unit added the Allen Building to its previous building complex and the Veterans' Unit added the Whittle Building. The addition of these two buildings implied a need to increase the personnel and staff. Although the need for additional personnel and professional staff is far from being met, progress has been made in the care of patients and treatment programs are being carried on with enthusiasm and success.

After the reorganization, the former general psychiatric unit #5 was moved to the Freeman Building and became a regional hospital to serve the area of central Georgia. The physical complex was reduced to only one building and, consequently, the patient population was decreased. This implied a great reduction in personnel and professional staff which, hopefully, will be increased to meet the required standards of the other regional hospitals throughout the state. However, the care of patients and numerous treatment programs are being continued with significant efforts and the patients are receiving adequate treatment in this area.



*Spiritual counsel*



*New psychiatrists*



JONES HOSPITAL  
RIVERS HOSPITAL  
PHARMACY  
DENTISTRY  
SANITATION  
OCCUPATIONAL THERAPY  
RECREATION THERAPY  
MUSIC THERAPY  
VOLUNTEER SERVICES  
REMOTIVATION SERVICES

# PHYSICAL HEALTH

WILLIAM R. HOWARD, M.D.  
ASSISTANT SUPERINTENDENT  
PHYSICAL HEALTH



## DIVISION OF PHYSICAL HEALTH

The major event of fiscal year 1972, and one of the most important occurrences in the recent history of Central State Hospital, was the beginning of construction of the new General Medical and Surgical Facility. This completely modern hospital building will replace the antiquated Jones Building as the medical and surgical facility and will greatly enhance the hospital's capability to provide quality care to physically ill patients. Completion is expected during 1974.

Efforts were continued to maintain adequate care in the Jones Hospital. Some vitally needed equipment was acquired, including a blood gas machine, amioils cryo unit, indirect ophthalmoscope, tonometry recorder, three channel electrocardiogram, fibro optic esophagogastroscope and colonoscope, and the existing X-ray and nuclear medicine equipment was up-graded. Air conditioning was expanded to several additional areas, including the section devoted to physical therapy activities.

Physical therapy treatment was put on a regular basis with the appointment of a registered nurse to be in charge of this area with consultation available from a qualified physical therapist. Although this improved a vitally needed service for the patients, a full-time physical therapist remains an important unmet requirement.

Fire regulations and evacuation plans were completed and drills are carried out on a regular basis. The Central State Hospital disaster plan was tested on a simulated basis with good results.

## SPECIAL THERAPIES

For Special Therapies the year was marked by several instances of successful joint functioning to stage major events for the patients. An especial favorite is the annual presentation of performances by the Hoxie Brothers Circus which was scheduled by the Recreation Therapy staff and funded from voluntary contributions. Many other disciplines contributed by providing escort service. Successful fund raising by WSB Radio has insured the return of the circus in future years.

The Christmas season was particularly a time of cooperative operation. Music Therapy presented a major musical pageant with assistance from Recreation Therapy, which handled lighting and assisted with staging, and from Occupational Therapy, which provided costumes for the cast which included 130 patients. The Special Therapies were heavily involved in the Annual Mayors'



Motorcade which results in generous donations of Christmas gifts for patients. Easter also brought active assistance from the Special Therapies in religious observances.

Music Therapy placed considerable emphasis during the year on increased services for long-term patients. The number of wards housing regressed patients who receive music therapy services increased by 38 percent during the year. Sixteen Mercer University students worked in music therapy activities as part of their academic course work and several served as volunteers.

Recreation Therapy's capabilities were enhanced by the construction of two tennis courts. Construction was begun on a day camp building and picnic shed at the Colony Pond Recreation Area. The highlight of the year for some patients was participation in the Special Olympics, a series of track and field events open only to mental retardates and conducted at the local, district, state and national levels.

The Occupational Therapy Center was dedicated on March 24, 1972, and named in honor of Wilson Bryant Wilkes. This modern, well-equipped facility has added considerable variety to our modalities and made possible more advanced and specialized techniques required in therapy for individual patients. At the same time specialized arts and crafts were centralized, emphasis was placed on the dispersal of the general programs to the ward setting. This resulted in almost doubling the number of programs in existence and in increased patient participation by about 35 percent.

## VOLUNTEER SERVICES

Volunteers continue to provide significant contributions to the patients' welfare and recovery. Both patients and staff deeply appreciate the continuing interest and generosity of such organizations as garden clubs, the Georgia Mayors' Association, the Mental Health Association, WSB Radio, Alcoholics Anonymous, church groups, civic clubs, and student groups, as well as the great number of individual volunteers who contribute their time and money.

Expansion and beautification of the Garden Club Pavilion continues with the development of an adjacent park area and improved maintenance. The Georgia Hairdressers and Cosmetology Association increased their services substantially and now make visits during each month of the year.

## REMOTIVATION

Remotivation services were expanded during the year, especially among the more chronic patients. Central State Hospital continues to be the center



for remotivation training in the southeast. Three training institutes were conducted during the year and training materials were made available to a number of hospitals, nursing homes and allied health agencies.

#### THE RIVERS HOSPITAL

The Rivers Hospital operates a diversified program including a Medicare ward and treatment for diabetic and tuberculous patients and for patients addicted to drugs or alcohol. At year's end plans were near completion to open a ward for the treatment of female alcohol and drug patients. Improved facilities were made available to enhance special therapies' activities and chaplains' programs.

#### PHARMACY

During fiscal year 1972 the Pharmacy made progress toward an eventual individual prescription system to replace the distribution system based on floor stock inventory. Twenty-five wards have been converted to the new system and sixteen additional wards will be converted in the immediate future. In addition, each pharmacist was assigned a specific area of the hospital on a continuing basis to improve communication with the area served. Drugs valued at over \$200,000 were distributed during the year to 54 mental health aftercare clinics located throughout the state.

#### DENTAL SERVICE

The Dental Service completed and reported a comprehensive evaluation of the dental program of the hospital for use of management in future planning. The evaluation was based on a study of records of 1,012 patients discharged from convalescent leave. A member of the dental staff produced a videotape on oral hygiene and prevention of oral disease which was presented on the hospital's closed circuit television channel several times during National Children's Dental Health Week.

#### ENVIRONMENTAL SANITATION

The Environmental Sanitation Division initiated Rodac plate sampling of the bacterial flora of the environment in Medicaid areas and the Jones Hospital. It is anticipated that in time such sampling will be conducted on a hospital-wide basis. Planning was completed for a new system of trash and food waste handling utilizing front loading trucks and compatible containers.



PSYCHIATRIC RESIDENCY TRAINING  
AUDIO VISUAL SERVICES  
NEUROLOGY  
MEDICAL LIBRARY  
RESEARCH

# EDUCATION TRAINING RESEARCH

JOHN W KEMBLE, M.D.  
ASSISTANT SUPERINTENDENT  
EDUCATION, TRAINING, RESEARCH



## EDUCATION, TRAINING, AND RESEARCH

The Education, Training, and Research program continues with accreditation in the training of psychiatrists, pharmacists, psychologists, social workers, clinical chaplains, music therapists, occupational therapists, and recreation therapists. Descriptions of the training programs are included in individual reports.

An increasing number of requests for stipends find all budgeted positions filled to capacity. Stipends were offered in social work (12), psychology (11), business administration (2), medicine in public health (1), neurology (1), religion, and sociology. A senior resident in ophthalmology from Mayo Clinic in Rochester, Minnesota, continues to rotate through the hospital's Ophthalmology Department every three months. This program was started in 1964 and has continued with satisfactory results.

A three month training program in psychiatric nursing procedures and techniques was conducted for 155 students from various affiliated nursing schools. Inservice training classes continue for aides and similar personnel. Considerable attention by all the professional departments has been given to the development of effective inservice training and orientation programs. All attendants hired at the hospital attend basic training in psychiatric nursing before ward assignments are made.

## NEUROLOGY

The Neurology Department has been active in diagnosing and treating a special type of illness. During the past year 558 neurologic consultations, 164 echoencephalograms, and 1433 electroencephalograms were requested.

Four psychiatric residents rotated for a three month period through this service in 1972.

A neuropathologist consultant, Hans Peters, M.D., makes a monthly visit for teaching purposes. A neurosurgeon, Allen Marshall, M.D., makes a monthly consultation visit for special procedures.

Central State Hospital has provided one psychiatrist with a stipend to attend Florida State University for a two year residency in neurology. He will have another year of training in neurology.



## AUDIOVISUAL SERVICES

Coaxial cable distribution was expanded to include 75 percent of all patient buildings. The cable carries commercial television channels for patient entertainment, as well as instructional channels for Central State Hospital staff.

During the year 297 programs for patients were produced and 485 were transmitted; 330 programs were produced for the staff, and 1,030 presentations were made to staff personnel.

Repair of audiovisual equipment for disciplines within the institution continued as a minor service of the department.

## PSYCHIATRIC RESIDENCY TRAINING PROGRAM

Central State Hospital has a residency program in psychiatry which has been approved by the Council on Medical Education & Hospitals of the American Medical Association for a period of three years. The chief goal of the training program is to prepare qualified physicians for the practice of psychiatry as a medical specialty in private practice, in community mental health, or in an institutional setting.

Since its inception in January, 1964, until the present day, 42 residents have completed their training in this program. The program was approved for 10 residents at each year level initially. Six residents are presently enrolled. Though there is no obligated service following the completion of this training, our record of physicians remaining in the state after completion of their training is excellent. Of the 42 who have completed their training here, 29 continue to work at Central State Hospital. Four remain elsewhere in the State of Georgia and only nine have left the state.

Consultants have visited the hospital for patient presentations, lectures in personality development, neuropathology, child psychiatry, and administration.

## MEDICAL LIBRARY

In connection with the reorganization of departments at Central State Hospital for the purpose of modernization and economy, the Manpower Administration undertook a detailed study of the Medical Library and the Nursing Library. The plan for consolidation in the Brantley Building of these two libraries was not carried out because the prompt and convenient availability of library materials to the medical and surgical staff in the Jones Building was considered of prime importance.



As in previous years, the librarian introduced the psychiatric residents to the use of the Medical Library and its materials by a lecture. Generally, good use was made of the library sources in books, journals, reference materials, tapes, and photocopies to be obtained here or by interlibrary loan from other libraries in that an average of 75 were checked on a weekly basis. Actually, this library has exceeded its quota for free document delivery service according to the Southeastern Regional Medical Library Program in the first half of May, so that requests which were received between this date and June 30 were subject to a photocopy fee.

Central State Hospital medical library acquired 230 new books and subscribed to 191 journals.

## RESEARCH DIVISION

The cooperating units of Genetics, Neurophysiology, and Biochemistry compose the Research Division. They focus upon basic scientific problems of Central State Hospital patients.

Genetic studies under Dr. Keeler, including chromosome culture, are used to investigate the heredity of syndromes and disorders of mental function. In particular, we are interested in the study of cytogenetic karyotypes associated with certain forms of mental retardation. Genetic counseling is offered.

A Negro female was suspected of having excess chromatin material in her body cells because of an unusual number of projections (drumsticks) on the nucleus of her white blood cells. When cultured and karyotyped, an extra chromosomal fragment was found. This was confirmed as part of an X-chromosome by finding two Barr bodies in both buccal and Papp epithelial preparations. In one cell was found a normal size Barr body representing an extruded X-chromosome and a small Barr body representing the fragment. This is the first known case of such cytogenetic prediction and confirmation.

It is known that a gross abnormality of chromosomal constitution (XXYY) will cause finger prints to develop differently from the normal patterns. Our statistical study of albino finger prints shows that a single gene substitution can also produce measurable deviations.

Dr. Courtney conducts neurophysiological studies that probe the normal and deviant characteristics of the nerve impulse in patients.

In particular, the transmission of the nervous impulse of the optic nerve is being studied.



In addition, Dr. Courtney is making a comprehensive visual survey of the mentally retarded at Central State Hospital. Aside from anthropometric measurements, the program calls for determination of visual acuity, corneal curvature, pupillary distance, near point convergence, fusion, stereopsis, strabismus and color vision.

Dr. Curtis has completed a survey of patients in the Boone and Boland Buildings for Australian antigen associated with the 1969 outbreak of hepatitis at Central State Hospital. Down's Syndrome patients had twice the incidence found in the rest of this retarded population. The incidence for males is much greater than that for females, and the suggestion is that females may possibly develop the antigen but lose it more rapidly than males do.

Dr. Curtis is also studying the incidence of amino acidemias using thin layer chromatography. All patients in the Boone Building have now been tested.

The 1971 "CSH Bulletin of Current Research" reported on projects of the Research Division, including a Fluorescence Assay for Chymotrypsin, Mosaic Cell Lines or Leucocyte Culturing Anomalies, an XXXXY/XXXY Klinefelter Mosaic in Man, A Low Percentage Turner Mosaic, Refractive Errors in Institutionalized Mentally Retarded and Emotionally Disturbed Children, Apparatus to Convert Beckman DU Spectrophotometer or Beckman DK Spectrophotometer to a Densitometer, Computer Assisted Analysis of the Electroretinogram, Visual Acuity Testing in Mentally Retarded Children.

#### PUBLICATIONS

- |                                    |   |
|------------------------------------|---|
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| Keeler, C. E.                      | " $\frac{O}{+}47$ XX(X-p)." J. Heredity. In press.  |
| Keeler, C. E.                      | "An XXXXY/XXXY Klinefelter Mosaic." J. Heredity. In press.  |
| Courtney, G. R.<br>and G. G. Heath | "Color Vision Deficiency in the Mentally Retarded: Prevalence and a Method of Evaluation." Am. J. Mental Deficiency. 76, 48-52. 1971. |





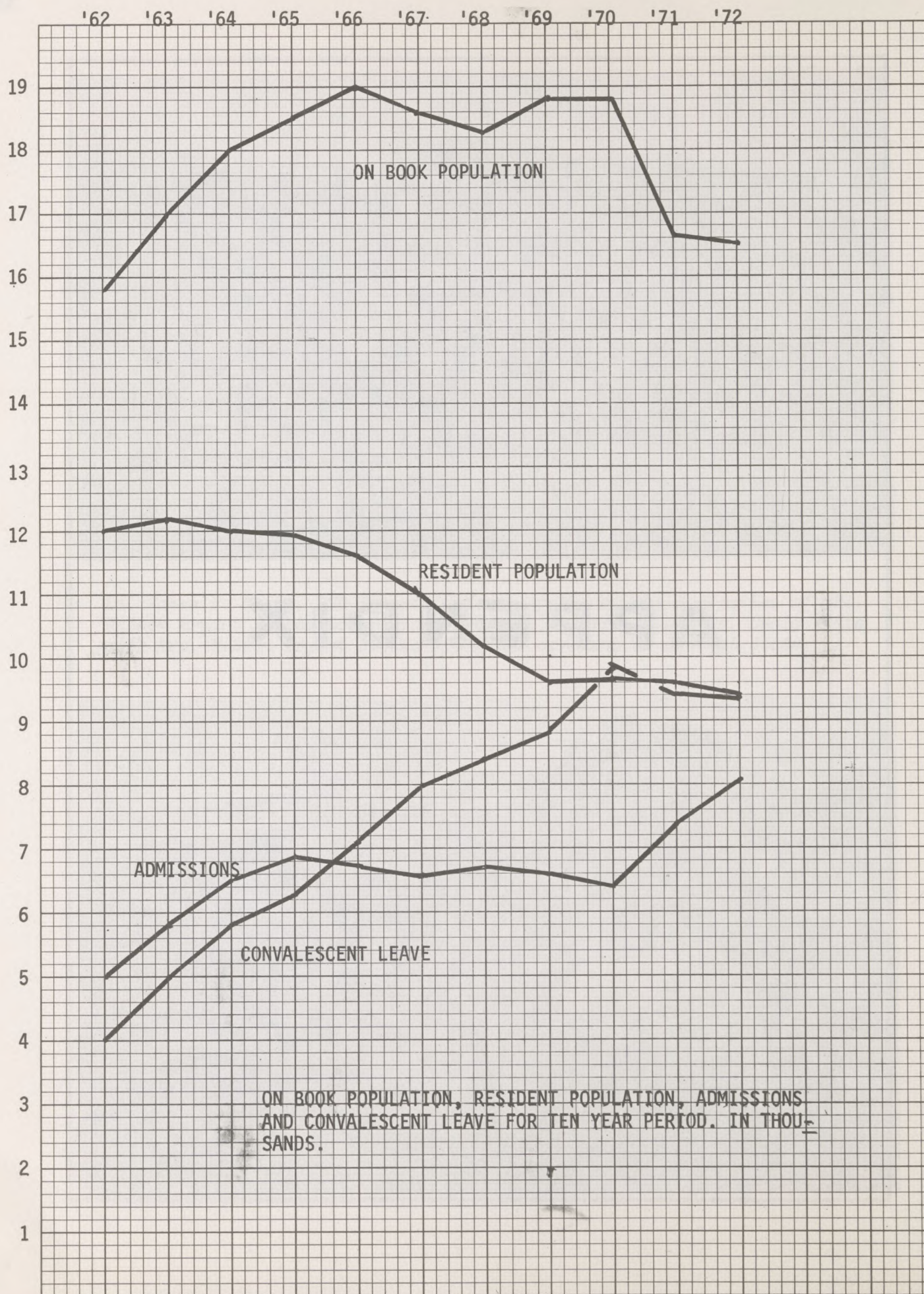
*Dr. James B. Craig, CSH Superintendent, speaks at the dedication of the Wilson Bryant Wilkes Occupational Therapy Center. BELOW: Dr. Craig chats with Mrs. Wilson Bryant Wilkes after the ceremony at Central State*





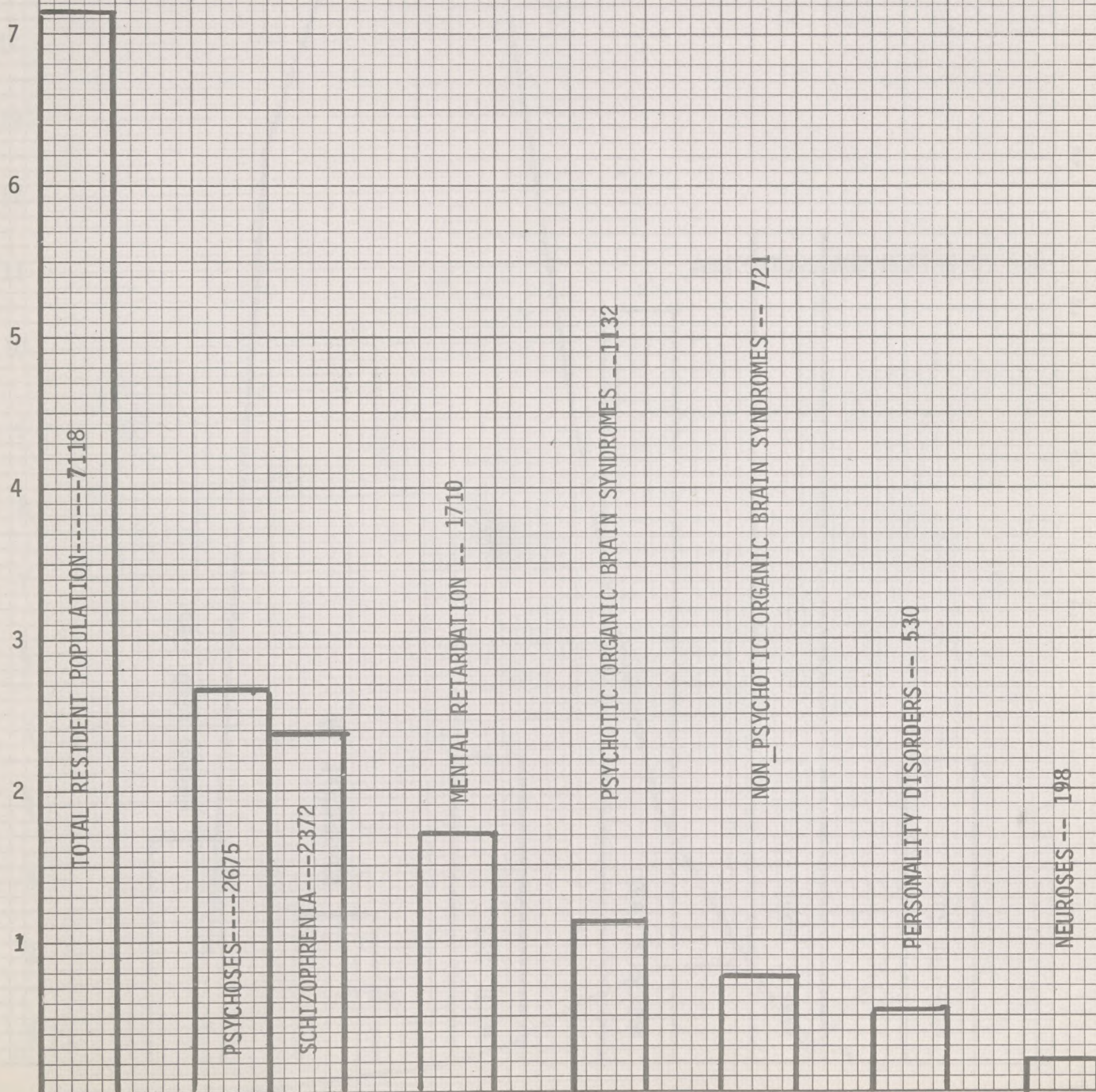
# APPENDIX







RESIDENT POPULATION BY MENTAL DISORDER  
IN THOUSANDS





## TYPES OF MENTAL RETARDATION

TOTAL NUMBER OF MENTALLY RETARDED PATIENTS IN THE HOSPITAL

1710

6

5

4

3

2

1

PROFOUND 207

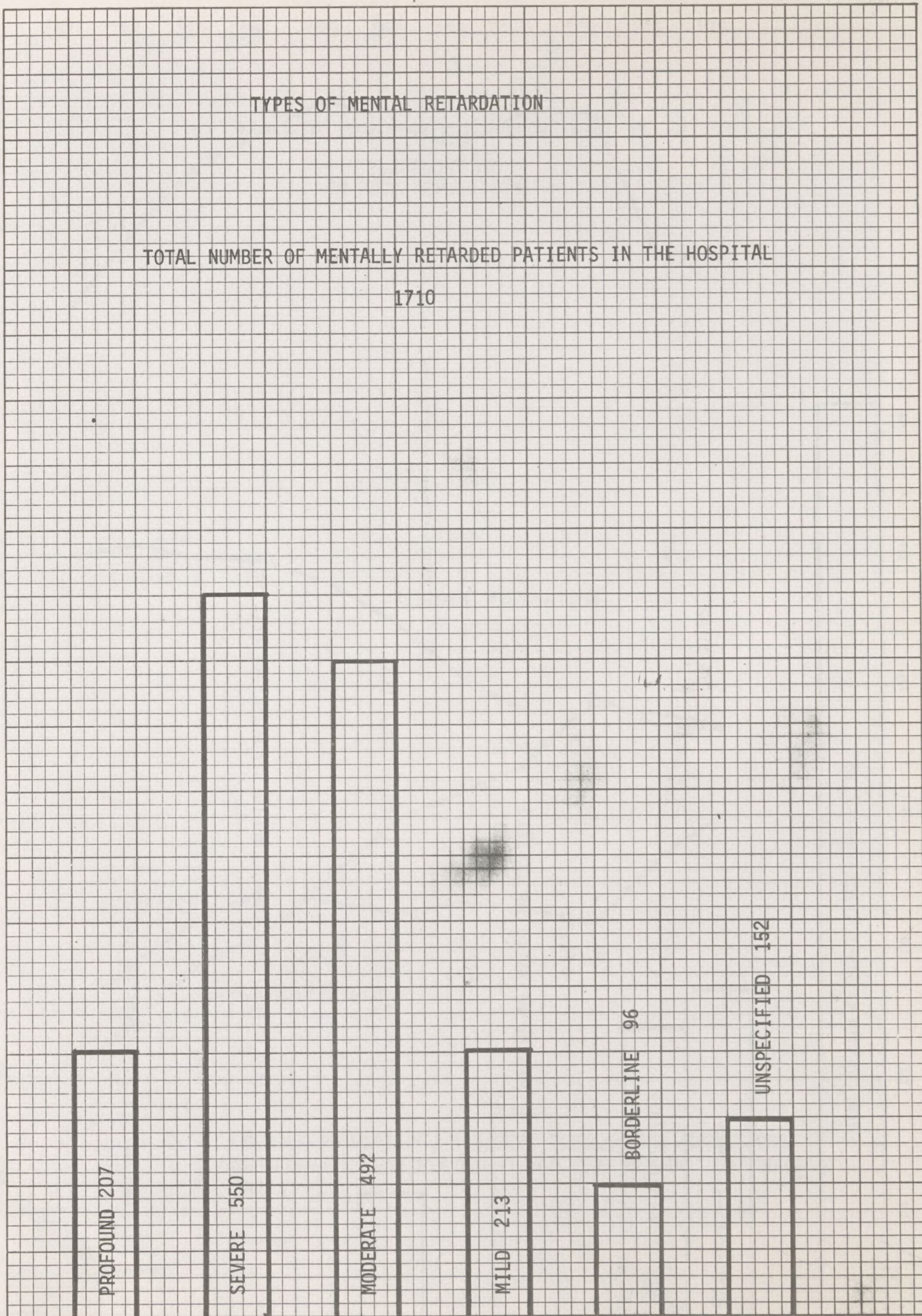
SEVERE 550

MODERATE 492

MILD 213

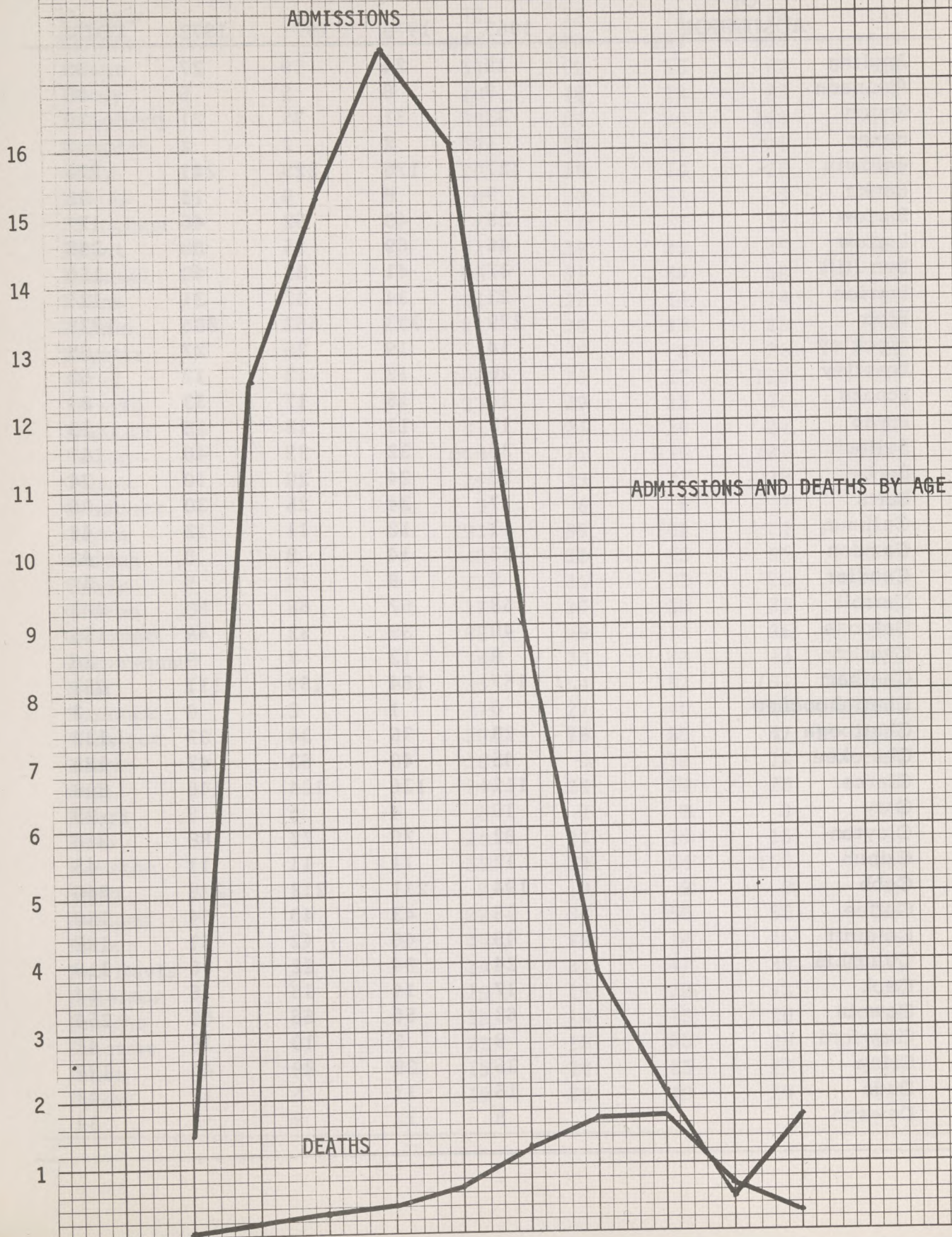
BORDERLINE 96

UNSPECIFIED 152





Under 15- 25- 35- 45- 55- 65- 75- 85- 85&  
15 24 34 44 54 64 74 84 94 over Unknown





## FOUR-YEAR COMPARISON OF COUNTY ADMISSIONS

COUNTY OF ADMISSION	YEAR				TOTAL
	1969	1970	1971	1972	
Appling	15	24	19	27	85
Atkinson	9	8	5	6	28
Bacon	33	31	35	21	120
Baker	1	2	2	2	7
Baldwin	127	176	229	241	773
Banks	9	6	9	11	35
Barrow	39	40	52	46	177
Bartow	46	69	95	88	298
Ben Hill	37	41	32	40	150
Berrien	23	34	37	31	125
Bibb	279	333	562	605	1779
Bleckley	14	19	25	27	85
Brantley	20	12	13	17	62
Brooks	18	15	17	33	83
Bryan	13	11	13	16	53
Bulloch	36	32	39	40	147
Burke	20	24	20	10	74
Butts	17	24	25	30	96
Calhoun	11	12	11	12	46
Camden	13	14	8	8	43
Candler	5	8	10	9	32
Carroll	58	67	68	80	273
Catoosa	40	39	32	48	159
Charlton	8	12	7	9	36
Chatham	167	184	189	111	651
Chattahoochee	0	1	2	0	3
Chattooga	23	36	36	37	132
Cherokee	45	40	53	47	185
Clarke	112	116	124	148	500
Clay	10	4	6	5	25
Clayton	82	76	72	88	318
Clinch	12	11	11	11	45
Cobb	194	211	213	228	846
Coffee	35	43	48	54	180
Colquitt	49	46	42	51	188
Columbia	24	34	22	36	116
Cook	17	14	18	15	64
Coweta	63	56	66	69	254
Crawford	8	7	10	16	41
Crisp	36	28	29	44	137
Dade	15	11	5	12	43
Dawson	8	12	9	5	34



COUNTY OF ADMISSION	YEAR				TOTAL
	1969	1970	1971	1972	
Decatur	32	27	31	34	137
DeKalb	274	231	251	331	1087
Dodge	31	60	56	63	210
Dooly	20	18	13	21	72
Dougherty	96	84	96	141	417
Douglas	38	56	41	39	174
Early	20	18	14	16	68
Echols	0	0	1	0	1
Effingham	7	7	7	17	38
Elbert	41	38	23	39	141
Emanuel	56	51	60	68	235
Evans	11	17	14	14	56
Fannin	21	24	33	25	103
Fayette	13	6	8	21	48
Floyd	103	76	97	129	405
Forsyth	23	29	25	16	93
Franklin	31	24	16	24	95
Fulton	800	771	856	787	3214
Gilmer	24	19	32	28	103
Glascock	9	6	6	7	28
Glynn	91	89	108	79	367
Gordon	40	32	43	65	180
Grady	23	35	13	20	91
Greene	17	20	20	25	82
Gwinnett	85	99	119	86	389
Habersham	36	30	33	33	132
Hall	135	154	162	151	602
Hancock	17	27	40	26	110
Haralson	29	28	50	47	154
Harris	18	9	12	12	51
Hart	24	24	24	26	98
Heard	8	2	8	3	21
Henry	28	27	19	15	89
Houston	55	73	94	109	331
Irwin	7	13	9	8	37
Jackson	22	38	50	56	166
Jasper	13	19	14	25	71
Jeff Davis	24	31	47	39	141
Jefferson	20	14	28	12	74
Jenkins	17	14	15	20	66
Johnson	21	19	35	29	104
Jones	19	24	25	21	89
Lamar	19	25	40	29	113



COUNTY OF ADMISSION	YEAR				TOTAL
	1969	1970	1971	1972	
Lanier	9	5	8	9	31
Laurens	59	80	123	148	410
Lee	3	3	6	7	19
Liberty	24	18	23	16	81
Lincoln	6	5	4	4	19
Long	1	2	6	1	10
Lowndes	38	48	54	67	207
Lumpkin	14	17	17	22	70
Macon	15	14	11	23	63
Madison	21	17	31	19	88
Marion	5	12	11	12	40
McDuffie	61	53	43	24	181
McIntosh	7	13	6	10	36
Meriwether	31	27	44	36	138
Miller	9	6	7	4	26
Mitchell	16	23	18	22	79
Monroe	23	25	33	32	113
Montgomery	9	13	13	20	55
Morgan	9	11	19	26	65
Murray	8	12	8	20	48
Muscogee	187	172	227	235	821
Newton	55	57	63	85	260
Oconee	14	8	8	13	43
Oglethorpe	8	8	13	12	41
Paulding	46	49	41	40	176
Peach	32	27	41	41	141
Pickens	13	19	16	17	65
Pierce	10	8	7	6	31
Pike	9	9	10	14	42
Polk	52	61	40	55	208
Pulaski	14	21	31	21	87
Putnam	15	32	24	33	104
Quitman	1	2	3	2	8
Rabun	17	25	17	7	66
Randolph	12	16	14	11	53
Richmond	160	181	172	213	726
Rockdale	24	29	32	31	116
Schley	4	3	4	1	12
Screven	17	13	6	12	48
Seminole	10	4	10	14	38
Spalding	97	95	125	143	460
Stephens	30	33	26	28	117
Stewart	8	7	11	12	38



COUNTY OF ADMISSION	YEAR				TOTAL
	1969	1970	1971	1972	
Sumter	30	27	32	48	123
Talbot	10	10	9	16	45
Taliaferro	2	5	5	8	20
Tattnall	18	20	19	15	72
Taylor	7	4	13	12	36
Telfair	28	29	33	24	114
Terrell	17	10	15	15	57
Thomas	44	65	35	24	168
Tift	29	32	41	39	141
Toombs	51	62	73	82	268
Towns	6	2	7	10	25
Treutlen	16	22	21	25	84
Troup	76	66	83	100	325
Turner	12	11	18	15	56
Twiggs	13	11	8	23	55
Union	19	13	15	19	66
Upson	37	58	66	79	240
Walker	77	66	97	94	334
Walton	57	62	81	89	289
Ware	99	65	80	77	321
Warren	6	8	5	3	22
Washington	27	46	47	62	182
Wayne	28	49	28	33	138
Webster	3	5	0	4	12
Wheeler	12	5	7	17	41
White	4	2	13	10	29
Whitfield	91	123	166	225	605
Wilcox	9	10	14	10	43
Wilkes	14	23	13	10	60
Wilkinson	21	21	26	44	112
Worth	15	19	17	24	75
TOTAL	6290	6625	7521	8014	28450



## RESIDENT POPULATION BY COUNTY

APPLING	17	FANNIN	28	OGLETHORPE	21
ATKINSON	7	FAYETTE	15	PAULDING	29
BACON	19	FLOYD	108	PEACH	39
BAKER	7	FORSYTH	15	PICKENS	17
BALDWIN	143	FRANKLIN	21	PIERCE	8
BANKS	14	FULTON	1117	PIKE	22
BARROW	32	GILMER	22	POLK	61
BARTOW	50	GLASCOCK	9	PULASKI	17
BEN HILL	32	GLYNN	59	PUTNAM	19
BERRIEN	13	GORDON	41	QUITMAN	2
BIBB	366	GRADY	25	RABUN	9
BLECKLEY	16	GREENE	21	RANDOLPH	21
BRANTLEY	10	GWINNETT	76	RICHMOND	195
BROOKS	31	HABERSHAM	40	ROCKDALE	26
BRYAN	10	HALL	108	SCHLEY	1
BULLOCH	43	HANCOCK	26	SCREVEN	29
BURKE	35	HARALSON	24	SEMINOLE	6
BUTTS	16	HARRIS	15	SPALDING	107
CALHOUN	10	HART	18	STEPHENS	34
CAMDEN	8	HEARD	13	STEWART	24
CANDLER	20	HENRY	22	SUMTER	51
CARROLL	56	HOUSTON	63	TALBOT	14
CATOOSA	28	IRWIN	11	TALIAFERRO	9
CHARLTON	11	JACKSON	36	TATTNALL	31
CHATHAM	262	JASPER	28	TAYLOR	17
CHATTAHOOCHEE	5	JEFF DAVIS	12	TELFAIR	24
CHATOOGA	32	JEFFERSON	29	TERRELL	22
CHEROKEE	41	JENKINS	21	THOMAS	58
CLARKE	98	JOHNSON	22	TIFT	39
CLAY	10	JONES	19	TOOMBS	51
CLAYTON	56	LAMAR	23	TOWNS	5
CLINCH	6	LANIER	6	TREUTLEN	9
COBB	179	LAURENS	81	TROUP	84
COFFEE	34	LEE	6	TURNER	16
COLQUITT	61	LIBERTY	15	TWIGGS	17
COLUMBIA	22	LINCOLN	10	UNION	13
COOK	14	LONG	6	UPSON	45
COWETA	66	LOWNDES	65	WALKER	77
CRAWFORD	13	LUMPKIN	16	WALTON	56
CRISP	38	MACON	30	WARE	51
DADE	10	MADISON	32	WARREN	14
DAWSON	2	MARION	14	WASHINGTON	41
DECATUR	43	McDUFFIE	21	WAYNE	33
DEKALB	288	McINTOSH	12	WEBSTER	8
DODGE	38	MERIWETHER	40	WHEELER	9
DOOLY	23	MILLER	7	WHITE	10
DOUGHERTY	108	MITCHELL	21	WHITFIELD	97
DOUGLAS	37	MONROE	23	WILCOX	15
EARLY	18	MONTGOMERY	10	WILKES	21
ECHOLS	0	MORGAN	18	WILKINSON	30
EFFINGHAM	12	MURRAY	21	WORTH	29
ELBERT	32	MUSCOGEE	214		
EMANUEL	50	NEWTON	62		
EVANS	10	OCONEE	16	TOTAL	7118



## MEDICAL DEPARTMENT

James B. Craig, M.D.\*  
Superintendent

M. L. Sheppeck, M.D.  
Assistant Superintendent - Clinical

John W. Kemble, M.D.\*  
Assistant Superintendent - Education, Training & Research

W. T. Smith, M.D.\*  
Clinical Director - Psychiatric Service

E. F. Stincer, M.D.  
Clinical Director - Psychiatric Service

## METRO ATLANTA UNIT

Santiago Aguilar, M.D. ....	Director
Alberto Acevedo-Gonzales, M.D. ....	Resident Physician
Gabriel Alfonso, M.D. ....	Resident Physician
Francisco Borges, M.D. ....	Physician Specialist II
Manuel Larrauri, M.D. ....	Resident Physician
B. E. Orosdy, M.D. ....	Senior Staff Physician
Zelma Ozolins, M.D. ....	Chief Physician
Enriquez Martinez, M.D. ....	Resident Physician
Jacinto Regalado, M.D. ....	Resident Physician
Sergio Regalado, M.D. ....	Resident Physician
Grayson S. Waldrop, M.D. ....	Senior Staff Physician

## GERIATRICS UNIT

Eduardo Guernica, M.D. ....	Director
John Azzi, M.D. ....	Senior Staff Physician
Ramon Berenguer, M.D. ....	Senior Staff Physician
Marta Bosch, M.D. ....	Physician Specialist II
Tomas Garcia-Montesinos, M.D. ....	Staff Physician
Vilis Zakitis, M.D. ....	Chief Physician
Humberto Ravelo, M.D. ....	Physician Specialist II



SOUTH GEORGIA UNIT

Jose Mendoza, M.D. .... Director  
 Eugene Christian, M.D. .... Physician Specialist II  
 Francisco Huerta, M.D. .... Senior Staff Physician  
 Moises Jacobs, M.D. .... Staff Physician  
 Juan Llambes, M.D. .... Staff Physician  
 Manuel Pena, M.D. .... Senior Staff Physician  
 R. S. Planas, M.D. .... Staff Physician

NORTH GEORGIA UNIT

W. T. Smith, M.D. .... Acting Director  
 Harold Carson, M.D. .... Staff Physician  
 Marta Dzirkalis, M.D. .... Chief Physician  
 Clifford Harden, M.D. .... Physician Specialist II  
 Mario de Laosa, M.D. .... Chief Physician  
 Jesus Llobet, M.D. .... Physician Specialist I  
 Roberto Rey, M.D. .... Physician Specialist II  
 John J. Word, M.D. .... Physician Specialist II

CENTRAL GEORGIA REGIONAL HOSPITAL

Lorenzo del Portillo, M.D. .... Director  
 Jose Bernardo Garcia, M.D. .... Physician Specialist II  
 Roberto Perdomo, M.D. .... Chief Physician  
 Carlos Garcia-Rivera, M.D. .... Chief Physician  
 Jose Rouco, M.D. .... Physician Specialist II  
 Diego Sans, M.D. .... Physician Specialist I

MAXIMUM SECURITY UNIT

Miguel Bosch, M.D. .... Director  
 Jose De la Torre, M.D. .... Physician Specialist I

VETERANS UNIT

Carl Smith, M.D. .... Director  
 George Grant, M.D. .... Physician Specialist II  
 Charles A. Rich, M.D.\* .... Unit Director  
 Jose Delgado, M.D. .... Physician Specialist I

VOCATIONAL REHABILITATION UNIT

S. A. Mendez, M.D. .... Director  
 Armando Gutierrez, M.D. .... Physician Specialist II



### CHILDREN AND ADOLESCENT UNIT

Odelia Zapatero, M.D. .... Director  
 Jose Gonzales, M.D. .... Physician Specialist II  
 Juan Perez, M.D. .... Physician Specialist II

### MENTAL RETARDATION UNIT

E. F. Diaz, M.D. .... Director  
 Hortensia Alvarez, M.D. .... Physician Specialist II  
 Manuel Estrada, M.D. .... Chief Physician  
 Leopoldo E. Guzman, M.D. .... Staff Physician  
 Isidro Insua, M.D. .... Senior Staff Physician  
 Rene Montero, M.D. .... Physician Specialist II  
 Rafael Pascual, M.D. .... Chief Physician  
 Juan Trejo, M.D. .... Staff Physician

### INTERMEDIATE CARE FACILITY

M. L. Sheppeck, M.D. .... Acting Director

### NEUROLOGY

John W. Kemble, M.D.\* .... Director

### RESEARCH

Clyde Keeler, Sc.D., Ph.D. .... Director  
 G. R. Courtney, O.D. .... Neurophysiologist  
 Jerry Curtis, Ph.D. .... Biochemist

### PSYCHIATRIC RESIDENCY TRAINING

Louis Jacobs, M.D. .... Director  
 Santiago Aguilar, M.D. .... Supervisor  
 Joe Combs, M.D. .... Supervisor  
 E. F. Stincer, M.D. .... Supervisor

### NURSING SERVICE

Bernice H. King, R.N. .... Acting Nursing Service Administrator  
 Vera W. Knowles, R.N. .... Assistant Nursing Service Administrator



## DIRECTORS OF NURSING

Ouida Couch, R.N. ....	Metro Atlanta
Fay Fidler, R.N. ....	Geriatrics
Marie Vincent, R.N. ....	North Georgia
Mildred Daniel, R.N. ....	Central Georgia
Gaydelle Johnson, R.N. ....	Veterans
Irene Wood, R.N. ....	Jones Hospital
Valeria Atchison, R.N. ....	Rivers Hospital
Frances Simpson, R.N. ....	Children and Adolescent
Mary A. Bell, R.N. ....	South Georgia
Nancy May, R.N. ....	Mental Retardation
Janet Smith, R.N. ....	Yarbrough Rehabilitation

## PSYCHIATRIC OUT-PATIENT CLINIC

Ellen Moncrief, G.N.

## NURSING EDUCATION AND RESEARCH

Maidana K. Nunn, R.N., D.N. Sc.     Assistant Nursing Service Administrator

## PSYCHIATRIC AFFILIATION PROGRAM

Beatrice Tribble, R.N., A.B. ....	Nurse Supervisor
Pauline Anderson, R.N. ....	Senior Staff Nurse
Gertrude Thigpen, R.N. ....	Senior Staff Nurse
Gloria A. Williams, R.N. ....	Senior Staff Nurse
Alice K. Paschal, R.N. ....	Senior Staff Nurse

## PSYCHIATRIC AIDE PROGRAM AND INSERVICE EDUCATION

Vivetta Kramer, R.N., M.S. ..	Assistant Director of Nursing (Grant Program)
Christine Brookins, R.N. ....	Nurse Supervisor (Grant Program)
Glenda Ridley, R.N., B.S. ....	Nurse Supervisor (Inservice Education)
Leta M. Holder, R.N. ....	Senior Staff Nurse
	Clinical Instructor, Metro Atlanta Unit
Gladys Moore, R.N., B.S. ....	Senior Staff Nurse
	Clinical Instructor, South Georgia Unit
Lucille Brannan, R.N. ....	Senior Staff Nurse
	Clinical Instructor, Central Georgia Unit
Mary H. Thomas, R.N. ....	Senior Staff Nurse
	Clinical Instructor, Children and Adolescent Unit
Ruth Leverette, R.N. ....	Senior Staff Nurse
	Clinical Instructor, Mental Retardation Unit
Lee Bell, R.N. ....	Senior Staff Nurse
	Clinical Instructor, Rivers Hospital
Merry Bohannon, R.N. ....	Senior Staff Nurse
	Clinical Instructor, Geriatrics Unit
Faye Wilson, R.N. ....	Senior Staff Nurse, Classroom Instructor
Georgene Eakes, R.N. ....	Senior Staff Nurse, Classroom Instructor



## CLINICAL PSYCHOLOGY

Robert W. Wildman, Ph.D. ....	Director
John J. Gates, Ph.D. ....	Clinical Psychologist II
Thomas W. Lucik, Ph.D. ....	Clinical Psychologist II
Jerry T. Sloan, Ph.D. ....	Clinical Psychologist II
Andrew L. Dickson, Ph.D. ....	Clinical Psychologist I
Robert D. Smith, Ph.D. ....	Clinical Psychologist I
Lawrence F. Quattlebaum, M.S. ....	Psychologist II
G. F. Biessel, M.S. ....	Staff Psychologist
F. L. Madison, M.A. ....	Staff Psychologist
Duane I. Miller, Ph.D. ....	Psychologist I

## INTERNS

Thomas Schneider, M.A.  
Erwin Shatus, M.S.

Elizabeth Sims, M.A.  
Carolyn Widmer, A.B.

## SENIOR TECHNICIANS

Edward Amos, B.A.  
Tedd B. Brown, A.B.  
Pete Christian, M.S.  
G. R. Dixon, A.B.  
Wayne Hodges, B.A.  
Stephen Holloman, M.A.  
Raymond C. Olivier, B.A.

Lesley Slone, M.A.  
Eric Spezia, B.A.  
Kenneth Varnadoe, M.A.  
Robert D. Watson, M.A.  
Robert W. Wildman, II, M.S.  
B. F. Williams, M.Ed.

## TECHNICIANS

Mansur H. Akel, B.A.  
David Ashe, B.A.  
John S. Autry, A.B.  
Donald B. Bailey, B.A.  
Orlow Ball, B.A.  
Roger A. Bell, B.A.  
Janet Sue Boomer, B.A.  
Carolyn J. Braun, B.A.  
Michael Brush, B.A.  
Michael Chambliss, B.A.  
Emilie Davall, B.A.  
Jesse Dees, B.A.  
Jorge Del Valle, B.A.  
Carol Flinn, B.A.  
Donald Harris, B.A.  
Laura Hohnecker, B.A.  
Michael James, B.A.  
Charles P. Kraemer, B.A.  
Warren Leib, B.A.

Daniel Malone, B.A.  
Byron O. Merritt, III, B.A.  
John McGavin, B.A.  
Reginald Muhl, B.A.  
Alan Olson, B.A.  
Stephen E. Pearson, B.A.  
James Powell, B.A.  
James G. Resseger, B.A.  
Robert R. Ritter, B.A.  
Joanne D. Rogers, B.A.  
Larry J. Sheppard, A.B.  
Jacqueline Shivers, B.A.  
Deborah S. Smith, B.A.  
Suzan Spezia, B.A.  
Gerard Stamm, B.S.  
Sue Starcher, B.A.  
Roberto Vargus, B.A.  
Sharon Weeks, B.A.  
James T. Wilkinson, B.A.



## PSYCHOLOGY - SCHOLARSHIPS

Edward H. Amos, Jr., B.A.  
 Michael E. Brush, B.A.  
 Pete Christian, B.A.  
 Marilyn Edmiston, M.A.  
 Carolyn Erickson, M.A.  
 Ivor D. Groves, III, M.A.

Lee C. Groves, M.S.  
 Wayne Hodges, M.A.  
 Carlton Lanier, M.A.  
 Raymond C. Olivier, B.A.  
 Polly Paul, M.A.  
 Robert W. Wildman, II, M.S.

SOCIAL WORK

Kenneth F. Jasnau, M.S.S., A.C.S.W. ....	Director
E. O. Melton, M.S.W., A.C.S.W. ....	Assistant Director
Martha C. Tomlin, M.S.W. ....	Social Worker III
Pat Allen, M.S.W. ....	Social Worker II
Nancy J. Autry, M.S.W. ....	Social Worker II
Yvonne Everett Brooks, M.S.W. ....	Social Worker II
Roy H. Brown, M.S.W. ....	Social Worker II
Lynne Feagin, M.S.W. ....	Social Worker II
Carolyn Grant, M.S.W. ....	Social Worker II
Joseph T. Hodge, M.S.W. ....	Social Worker II
Allie Kilpatrick, M.S.W. ....	Social Worker II
Jimmy D. Lanier, M.S.W. ....	Social Worker II
Jeannette M. Lewis, M.S.W. ....	Social Worker II
M. Andrew McCollum, M.S.W. ....	Social Worker II
Walker McKnight, M.S.W. ....	Social Worker II
Rosa C. Mendoza, M.S.W. ....	Social Worker II
Robert M. Rhymes, M.S.W. ....	Social Worker II
Janet E. Scott, M.S.W. ....	Social Worker II
Doris T. Sutton, M.S.W. ....	Social Worker II
Gwendolyn G. Turner, M.S.W. ....	Social Worker II
Harry Weathers, M.S.W. ....	Social Worker II
C. Paul Wright, M.S.W. ....	Social Worker II
E. Alton Gregory, M.S.W. ....	Social Worker I
Louise H. Powell, M.S.W. ....	Social Worker I
John W. Prather, M.S.W. ....	Social Worker I
Jewell Turner, M.S.W. ....	Social Worker I

## TECHNICIANS

Annette Acree, A.B.  
 Nan W. Baird, A.B.  
 Roby M. Beckom, B.A.  
 Susan R. Brooker, B.A.  
 Rosemary Brown, B.A.  
 Ludwina Bull, B.S.

Elizabeth Collins, A.B.  
 Sandra Cosby, B.B.A.  
 Holley Cowan, A.B.  
 James F. Hamlin, B.A.  
 Darryl Herren, A.B.  
 Willa Hertwig, B.S.



Horace P. Horton, B.S.  
 Kaye Lanier, A.B.  
 Linda Lazarus, B.A.  
 J. Michael McCroskey, B.A.  
 Wanda McKnight, A.B.  
 June Moore, B.A.  
 Eloise Myles, B.A.

R. Michael Owens, B.A.  
 Frances B. Rogers, B.A.  
 Alton Scott, B.S.  
 Mary Ann Simmons, B.A.  
 Madelyn C. Spivey, B.S.  
 Joan Venable Thompson, B.S.  
 Herbert Turk, B.A.

#### SOCIAL WORK AIDE

Carrie Smith

#### SOCIAL WORK - SCHOLARSHIPS

Holley Cowan  
 James F. Hamlin  
 Willa Hertwig  
 Jeannette M. Lewis  
 M. Andrew McCollum

Michael Owens  
 Herbert Turk  
 Jewell Turner  
 Harry Weathers

#### CLINICAL CHAPLAINCY

James L. Travis, Th.M. ....	Director of Chaplaincy Service
George L. Colgin, B.D. ....	Chief Clinical Chaplain/Training
Milton P. Snyder, Th.M. ....	Chief Clinical Chaplain/Retardation
C. Wayman Alston, B.D. ....	Clinical Chaplain
James E. Carter, B.D. ....	Clinical Chaplain
Payton B. Cook, B.D. ....	Clinical Chaplain
Oliver Benton Curtis, B.D. ....	Clinical Chaplain
Russell H. Davis, Th.M. ....	Clinical Chaplain
Joseph S. Dukes, III, B.D. ....	Clinical Chaplain
James F. Hardie, M.A. ....	Clinical Chaplain
Ebb G. Kilpatrick, S.T.M. ....	Clinical Chaplain
Robert Z. Powell, Th.D. ....	Clinical Chaplain
Joseph G. Cassidy, A.B. ....	Catholic Chaplain
Harold L. Gelfman, D.D. ....	Rabbi
Ervin R. Oermann, B.D. ....	Chaplain to the Deaf
Charles B. Fanshaw, M.R.E. ....	Chaplain to the Deaf

#### RESIDENTS

Kenneth W. Cook, M. Div.  
 William W. Goins, Th.M.

Robert F. Gray, M. Div.  
 Harrell D. Warren, M. Div.



## INTERNS

Benjamin B. Fore, B.D.  
 Thomas W. Hagood, M. Div.  
 Elbert Johns, Jr., M. Div.  
 Robert W. Knox, Th.M.

Donald K. Schroeder, B.D.  
 Thomas Staab, M. Div.  
 Dan M. Welch, B.D.

## RECREATION THERAPY

Bruce R. Prosser, B.S., M.S. ....	Director
Janice L. Landry, B.S., M.S. ....	Recreation Therapist II
Betty J. Welch, A.B. ....	Recreation Therapist II
Anna G. Warnock, B.S. ....	Recreation Therapist II
Ronald R. Smith, B.S. ....	Recreation Therapist II
Lyndoll U. Moore, A.B. ....	Recreation Therapist II
Charles M. Vandiver, B.S. ....	Recreation Therapist II
Theotis Griswold, B.S. ....	Recreation Therapist I
Joe Bellflower, B.S. ....	Recreation Therapist I
Betty Purcell, B.S. ....	Recreation Therapist I
Jenny Tucker, B.S. ....	Recreation Therapist I
John Chapman, B.S. ....	Recreation Therapist I

## MUSIC THERAPY

Saralyn I. Latham, M.A., RMT ..... Director

## THERAPISTS

Margaret E. Bailey, RMT  
 Judy B. Baird, RMT  
 Lois D. Barnett, B.M.  
 Mary M. Bedingfield, RMT  
 Ann B. Caldwell, B.M.  
 Suzanne P. Courtney, RMT  
 Solomon Cunio, B.M.

Sandra K. Graham, RMT  
 Gregory A. Hollis, B.M.  
 Carol A. Prickett, RMT  
 Pamela Roberson, B.M.  
 Carolyn W. Sanders, RMT  
 Jeannette Warren, RMT  
 Barbara Wheeler, RMT

## OCCUPATIONAL THERAPY

Dorothy M. Clarke, O.T.R. .... Director



## VOLUNTEER SERVICES

Jane M. Haddock, B.S., CVC ..... Director

### STAFF

Susan Coursey, A.B.  
C. Earnest Yearwood, A.B.

## SPECIALIZED MEDICAL SERVICES

### GENERAL MEDICINE & SURGERY

J. G. Bohorfoush, M.D. .... Director  
Eugenio G. Allende, M.D. .... Physician Specialist II  
Sergio C. Alvarez-Mena, M.D. .... Physician Specialist II  
Antonio Ballagas, M.D. .... Senior Staff Physician  
Orestes F. Caral, M.D. .... Chief Physician  
David Cardoso, M.D. .... Physician Specialist III  
Osvaldo Casas, M.D. .... Senior Staff Physician  
Edward C. Clayton, M.D. .... Physician Specialist II  
S. H. Dillard, O.D. .... Optometrist II  
Nestor W. Dourron, M.D. .... Senior Staff Physician  
Andres R. Fernandez, M.D. .... Physician Specialist II  
Pilar Goicoechea, M.D. .... Physician Specialist II  
Samuel M. Goodrich, M.D. .... Physician Specialist II  
Warren S. Henderson, M.D. .... Physician Specialist III  
Raymond Jordan, M.D. .... Chief Physician  
Leon Koen, M.D. .... Physician Specialist II  
Lloyd Laine, M.D. .... Senior Staff Physician  
Fook Sun Lau, M.D. .... Physician Specialist I  
Joseph Leyva, M.D. .... Physician Specialist II  
Carlos M. Montalvo, M.D. .... Chief Physician  
John E. Moody, M.D. .... Chief Physician  
Perry Moore, M.D. .... Physician Specialist II  
Dionisio Pinero, M.D. .... Physician Specialist III  
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